

## APPLICATION TO EXERCISE OPTION CHANGE - 2022

<b>SURNAME</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>INITIALS</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>MEMBERSHIP No.</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>E-MAIL ADDRESS</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>CELL No.</b>	<input style="width: 100%; height: 20px;" type="text"/>

**CURRENT OPTION: 2021**  
Indicate with an X:

CARE	PRIME	ESSENCE	ESSENCE HOSPITAL
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**NEW OPTION: 2022**  
Indicate with an X:

CARE	PRIME	ESSENCE	ESSENCE HOSPITAL
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

15 January 2022

2. Kindly take note, should Bankmed Namibia not receive your application for option change on or before 15 January 2022, it will be assumed that you remain on the same option as 2021.
3. **PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM AS WELL.**
4. Would you prefer to receive your remittance statement via e-mail?

**NB: Please ensure that your e-mail address is correct on the reverse side of this form.**

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVAL OF COMPANY

COMPANY STAMP

