

**Bankmed Namibia** 

**Tel:** 061-287 6000 **Fax:** 061-287 6059 P.O. Box 97203 Windhoek

## **APPLICATION TO EXERCISE OPTION CHANGE - 2022**

SURNAME																						
INITIALS																						
MEMBERSHIP No.																						
E-MAIL ADDRESS																						
CELL No.																						
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	CARE					l	PRIMI	E		ESSENCE						ES	SENC	Е НО	SPITA	L		
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CARE				PRIME					ESSENCE						ESSENCE HOSPITAL							
								1	5 Jan	uary 2	022											
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NB: Please	ensure tha	at you	r e-ma	il add	dress i	s corr	ect or	n the	rever	se sid	e of tl	his fo	rm.									
SIGNATURE OF MEMBER													DATE									
APPROVAL	L OF CO	MPAN	IY																			

**COMPANY STAMP** 

## **EFT APPLICATION FORM**

## YOUR BANK ACCOUNT DETAILS

MEMBERS No.:											
SURNAME OF ACCOUNT HOLDER:											
INITIALS:											
ACCOUNT No.:											
BANK											
BRANCH:											
TYPE OF ACCOUNT:	SAVIN	GS		CURR	ENT						
6-DIGIT BRANCH CODE:											
YOUR PERSONAL DETAILS											
P O BOX:											
STREET ADDRESS:											
TELEPHONE:	WORK	:									
	номе	:									
FACSIMILE:	WORK	:									
	номе	:									
CELL NO:											
E-MAIL:											