

## APPLICATION FOR MEMBERSHIP

PARTICULARS OF PRINCIPAL MEMBER	
TITLE: Prof/Mr/Mrs/Ms etc	
SURNAME:	
FIRST NAMES:	
POSTAL ADDRESS:	
STREET ADDRESS:	
EMPLOYER:	
BRANCH OR DEPARTMENT:	
P.O. BOX:	TOWN/CITY:
EMPLOYEE No.:	DATE OF APPOINTMENT:
E-MAIL:	
TEL. (H):	TEL. (W):
FAX No.:	CELL No.:
DATE OF BIRTH:	SEX:
MARITAL STATUS:	
ID/PASSPORT No.:	
(INDICATE NATIONALITY OF PASSPORT)	

**OPTIONS:**

CARE:  PRIME:   
ESSENCE:  ESSENCE HOSPITAL:

**Membership Number:**

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**YOUR BANK ACCOUNT DETAILS**

(Required for refunding any amount due to the member directly into account)

NAME OF ACCOUNT HOLDERS:

ACCOUNT No.:

BANK:

TYPE OF ACCOUNT: CURRENT  SAVINGS

8 DIGIT BRANCH CODE:

Are any of your dependants currently registered as a member or dependants of another medical scheme?

YES  NO

If yes, which dependant?

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		Initials	Full first names	Date of birth	Relationship	Income (if any)
Dependants  Spouse, Children and other dependants. No person may be registered with different medical schemes simultaneously.	1					
	2					
	3					
	4					
	5					
	6					

	A	B	C	D	E	F	G
CARE	N\$0 - N\$3 100	N\$3 101 - N\$3 990	N\$3 991 - N\$5 160	N\$5 161 - N\$6 070	N\$6 071 - N\$8 150	N\$8 151 - N\$10 220	N\$10 221 - N\$15 200
	H N\$15 201 +						

	A	B	C	D	E	F	G
PRIME	N\$0 - N\$3 100	N\$3 101 - N\$3 990	N\$3 991 - N\$5 160	N\$5 161 - N\$6 070	N\$6 071 - N\$8 150	N\$8 151 - N\$10 220	N\$10 221 - N\$15 200
	H N\$15 201 - N\$20 310	I N\$20 311 - N\$25 460	J N\$25 461 - N\$30 600	K N\$30 601 - N\$40 600	L N\$40 601 - N\$50 510	M N\$50 511 +	

	A	B	C	D	E	F	G
ESSENCE	N\$0 - N\$3 100	N\$3 101 - N\$3 990	N\$3 991 - N\$5 160	N\$5 161 - N\$6 070	N\$6 071 - N\$8 150	N\$8 151 - N\$10 220	N\$10 221 - N\$15 200
	H N\$15 201 - N\$20 310	I N\$20 311 - N\$25 460	J N\$25 461 - N\$30 600	K N\$30 601 - N\$40 600	L N\$40 601 - N\$50 510	M N\$50 511 +	

	A	B	C	D	E	F	G
ESSENCE HOSPITAL	N\$0 - N\$3 100	N\$3 101 - N\$3 990	N\$3 991 - N\$5 160	N\$5 161 - N\$6 070	N\$6 071 - N\$8 150	N\$8 151 - N\$10 220	N\$10 221 - N\$15 200
	H N\$15 201 - N\$20 310	I N\$20 311 - N\$25 460	J N\$25 461 - N\$30 600	K N\$30 601 - N\$40 600	L N\$40 601 - N\$50 510	M N\$50 511 +	

**Details required if applicant previously was a member of Bankmed Namibia or another medical scheme**

1. Name of scheme	Period of membership, from		to
1. Name of scheme	Period of membership, from		to

I hereby apply for membership of Bankmed Namibia and agree that I will be bound by the Rules of the Fund as amended from time to time.

I declare that the answers to the above questions are to the best of my knowledge and belief, true and correct in every respect and I agree, in the event of it being found subsequently that any of these answers are knowingly inaccurate, to forfeit all benefits from the Fund, to refund in full all grants that may have been paid on my behalf by the Fund and to waive all claims to any contributions paid by me to the Fund.

The Fund is hereby authorised to debit my Salary/Bank Account with my share of accounts paid on my behalf by the Fund, the late registration fee (if any) and the initial contributions, and I undertake to continue thereafter to pay each month such contributions as are due until the end of the month in which Bankmed Namibia is notified of my resignation.

I agree that should any sum due to the Fund not be timeously paid by me whether as a result of closure of my Salary/Bank Account, or for any other reason, I shall be liable for all costs by the Fund including tracing charges and all fees and costs charged to the Fund by its attorneys, including collection commission.

I hereby authorise the Fund to obtain from disclosure to the Providers of Service any information that is pertinent to my claims.

ARE THE FOLLOWING COPIES ATTACHED: ID/PASSPORT  FULL BIRTH CERTIFICATE  MARRIAGE/DIVORCE CERTIFICATE   
BANK CONFIRMATION LETTER  MEMBERSHIP CERTIFICATE OF PREVIOUS FUND  PROOF OF STUDY FOR STUDENTS

Date	Identity Number	Signature of Applicant
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**OFFICIAL BANK BRANCH STAMP**  


**Important:** Registration will be delayed should this application be incomplete or if the required documents are not attached, as it will be returned to the manager of your branch/department for correction.

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**BRANCH/DEPARTMENT MANAGER**

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