PO Box 97203
Windhoek, Namibia
www.bankmednamibia.com.na

Tel. +264 61 287 6000
Fax +264 61 287 6176
enquiries@methealth.com.na

LOST / ADDITIONAL CARD APPLICATION FORM

Please complete all applicable sections in full.

Name of person of the additional/new holder

☐ Lost card ☐ Additional Card Tracking no.

☐ Main member ☐ Dependant Receipt no.

Total cards ☐ Main member ☐ Dependant

A: PARTICULARS OF PRINCIPAL MEMBER AND DEPENDANT (please write in block letters)

Main member

Membership number ID/Passport no.

Title Surname

First name(s)

Dependant

Title Surname

First name(s)

Postal address

Physical address

Telephone/Fax Code + number Home Work

Mobile Fax

Date of birth D D M M Y Y Marital Status Single Married Divorced Widowed

Email

Proof of identity (certified copy of ID/Passport/Birth Certificate) needs to be attached.

B: UNDERTAKING BY THE APPLICANT

1. I, the undersigned, apply for a card and agree that all information contained in this application and all documents which are required by Bankmed Namibia shall be warranted as true and complete.
2. The cost for an additional or replacement card will be payable by myself or my dependant.
3. I authorize Bankmed Namibia to issue the card as per request to my dependant.

Signed at _____on the _____day of _____ 20_____

_____ Signature of Officer

_____ Signature of Applicant

Card received by _____ on the _____day of _____ 20_____

C: OFFICE USE

Main member identity verified ☐ Dependant identity verified ☐ Officer _____

Proof of identity attached ☐ Proof of identity attached ☐ Signature _____

Once completed, kindly email to support3@methealth.com.na, post to PO Box 6559, Windhoek, Namibia, or deliver to any one of Methealth Namibia Administrators client service offices nationwide.