CONTINUATION FORM

NAPOTEL
MEDICAL AID FUND

Tel: +264 61 2999 000
E-mail copy of completed form to: napotelmember@prosperitynam.com

telecom namibia

nampost

Section A – Employment Details *(Please tick appropriate box.)*

Member Number		Active Employee		Pensioner	
Company Name					
CB Number					
Telephone Number					
Employee Number					

Section B – New Contact Details *(Please tick appropriate box.)*

Title		Initials		First Name		Second Name	
Surname							
Physical Address							
Postal Address						Postal code	
Home Telephone	( )			Work Telephone	( )		
Cellphone				Fax Number	( )		
E-mail							
Date of Birth	D D M M Y Y Y Y	Age		ID/Passport no			
Copy of ID/Passport book to be attached to the application form - legally required							
Marital Status	Single		Married		Divorced	Widowed	Common Law

Section C – Bank Details *(Please tick appropriate box and attach proof of banking details e.g. cancelled cheque or bank statement.)*

Claims Refund		Contribution payments (Debit order 01st of every month)			
Name of Account Holder			Bank Name		
Branch Name			Branch Code		
Account Number			Signature of Account Holder		
Type of Account	Cheque	Transmission	Savings		

Section D - To be Completed by Employer *(Required documents to be attached)*

Management Representation

Name	
Designation	

Subsidy		Company Stamp
1. Group Benefit: Company Contribution (Portion)		
2. Group Benefit: Member Full Contribution		
3. Group Benefit: Trust Children / Third Party Contribution		
Continuation Effective Date	D D M M Y Y Y Y	

Signature of Employer representative			
		Date	D D M M Y Y Y Y