

NOTIFICATION OF BIRTH

Tel: +264 61 201 2462 / +264 83 2999 000

NAPOTEL

MEDICAL AID FUND



Section A - Main Member Details

Membership Number (Existing)		Existing Membership Number (Continuation members)	
Title	Initials	Full Names	
Surname			
Company Name			
Employee Number			
Date of Joining	0	1	M M Y Y Y Y

Section B - Mothers' Details

Name of Mother										
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age	
Healthcare Professional Name										
Normal Delivery					Caesarean (C-Section)					
Expecting Date	D	D	M	M	Y	Y	Y	Y		
Hospital Name										

Please note that a copy of the Healthpassport of the Mother indicating the expected date of birth should be attached to the form

Section C - Main Member Details

Date of Submission	D	D	M	M	Y	Y	Y	Y		
Member Signature										

**Please note that the submission of the notification of birth does not signify the registration of the baby on the Fund. The Main member is still required in terms of the rules, to complete and submit with the applicable registration Fund documents. In terms of the rules the new born baby should be registered within 48 hours from date of birth.*

Section D - For Office Use Only

Received By										
Date	D	D	M	M	Y	Y	Y	Y		
Signature										

prosperity-2021