



# Khomomas Loyalty Fund Membership Application Form

Mar-20

PARTICULARS OF APPLICANT		PARTICULARS OF INSURED			
Surname:		Main Insured:			
First name(s):		ID or Date of Birth:			
Title:			Full Name & Surname	Date of birth	Gender
Physical address:		Dependants:	1)		M / F
Postal address:			2)		M / F
Town:			3)		M / F
Employer:			4)		M / F
Work No:		CURRENT MEDICAL AID DETAILS			
Email address:		Principal Member:			
Home:		Medical Aid Provider:			
Cell:		Medical Aid Number:			
Next of kin's cell:		Medical Aid Plan:			
Date of birth (main member)		Khomomas Medical Centre File No:			
ID No (main member)		<b>The below nominated person will be entitled to my funeral benefit. (Nominee must be 18 years and older):</b>			
<input type="checkbox"/>	If the person responsible for the payment is the Insured	Name:			
<b>PAYEE</b>		ID No:			
<input type="checkbox"/>	If the person responsible for the payment is NOT the Insured.	Plan	Monthly Premium		
Relationship:		Top Up Silver (Individual)      N\$125.00 <input type="checkbox"/> Top Up Gold (Family)              N\$150.00 <input type="checkbox"/> Private Patient                              N\$275.00 <input type="checkbox"/>			
<input type="checkbox"/>	I wish to pay by salary stop order every month. Please arrange this with my employer.				
Employer:					
First deduction date:		I hereby certify that the particulars given above are true and correct and I understand that this application is subject to Sanlam Namibia Ltd's standard terms and conditions, as amended from time to time. Furthermore, I hereby certify that I apply for the insurance out of my own free will, without having been solicited to do so.			
Deduction date: <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> 31st <input type="checkbox"/> 1st day of month					
<input type="checkbox"/>	I wish to pay by bank debit order every month.	Signature:			
Account Holder:		Date:			
Account Number:		FOR OFFICE USE ONLY			
Account Type:		Card No:			
Branch Name & Code		First deduction date:			
Bank Name		Agent Code:			
Signature of Account Holder:					

