



# 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)		I hereby nominate the following beneficiary for my FREE funeral benefit (Nominee must be 18 years and older):			
<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\$110.00 <input type="checkbox"/> Top Up Gold (Family)                              N\$135.00 <input type="checkbox"/> Private Patient    N\$250.00 <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 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 have been solicited to do so.			
Deduction date:	<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:					

**Available Practices:**

- OLYMPIA 33 Hamutenya Wanehepo Ndadi Street, Olympia 061-422000 - KLEIN WINDHOEK 64 Nelson Mandela Avenue, Klein Windhoek 061-412700 - KHOMASDAL 4758 Swartz Avenue, Khomasdal 061-385600 - WERNHIL LG01, Mandume Ndemufayo Street, City Centre 061-449400 - SAUNDERSON 94 Jade Street, Khomasdal 061-211138 - B1 CITY 10485 Independence Avenue, Katutura 061-444 800 - AUAS HILLS Unit 84, Montreux Street, Auasblick 061-271350 - MONDESA 4349 Mandume Ya Ndemufayo Street, Swakopmund



UNDERWRITTEN BY SANLAM NAMIBIA LIMITED