

Namibia Medical Care Tel. (061) 2876000 PO Box 24792 WINDHOEK, NAMIBIA

Health SmartCard Lost / Additional Card Application Form



PLEASE COMPLETE ALL THE APPLICABLE SECTIONS IN FULL

NAME OF PERSON FOR WI	NAME OF PERSON FOR WHOM THE ADDITIONAL / NEW CARD IS FOR:																																	
Lost Card	Main Member Tracking									ing I	No:								$oxed{\mathbb{L}}$															
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FIRST NAME/S:				_	T										+		<u> </u>																	\exists
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B. UNDERTAKING BY THE A 1. I The undersigned, apply for a H be warranted as true and compi 2. The cost for an additional or rep 3. I authorise Namibia Medical Car	lealth lete. blacem	Sma nent	rtCard Healtl	h Sr	nart	Card	will l	oe pa	ayal	ole b	y m	yself	or n	ny de	epen			and	all d	ocu	mer	nts v	/hicł	n are	e red	quire	ed b	y Na	mibi	ia M	edic	al C	are	sha
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Card received by on the												day of						20							_									
C. OFFICE USE:																																		
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Once completed, kindly fax to 061-287 6101/2/3, scan and e-mail to support@healthsmartcard.com.na, post to P.O. Box 6559, Windhoek, Namibia or deliver to any one of Methealth Namibia Administrators client service offices nationwide.