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

Health SmartCard
Member Denies Fingerprint Form

PLEASE COMPLETE ALL THE APPLICABLE SECTIONS IN FULL

A. PARTICULARS OF MEMBER OR DEPENDANT WHO DENIES FINGERPRINT (Please print in block letters)

MEMBERSHIP NUMBER:

ID/PASSPORT NO:

TITLE: Prof/Dr/Mr/Mrs/Miss etc.

SURNAME:

FIRST NAME/S:

POSTAL ADDRESS:

STREET ADDRESS

HOME- TEL. CODE AND NO:

WORK TEL CODE & NO:

CELL NO:

DATE OF BIRTH: D D M M Y Y

FAX NO:

MARITAL STATUS: SINGLE | MARRIED | DIVORCED | WIDOWED

E-MAIL ADDRESS:

B. UNDERTAKING BY THE MEMBER

1. I, the undersigned, hereby confirm that I do not wish for my fingerprints to be captured by Namibia Medical Care or Methealth Namibia Administrators Pty Ltd.
2. I understand that by not having my fingerprints captured, I will not have accessibility to the life saving benefits that are available to members who do have their fingerprints captured.
3. I will not hold Namibia Medical Care or Methealth Namibia Administrators Pty Ltd liable should anything happen to me or my dependants and I could not be saved because I did not wish to have my fingerprints captured.

Signed at _____ on the _____ day of _____ 20____

_____
SIGNATURE OF SERVICE PROVIDER / CLIENT SERVICE ADVISOR

_____
SIGNATURE OF MEMBER

C. OFFICE USE:

DATE RECEIVED: _____

UPDATED / FLAGGED ON SYSTEM: ☐

OFFICER: _____ SIGNATURE: _____