

Cancellation Form

Phone +264 61 374 600

For office use		ramount.com.na info@nammed. org.na d.info www.nammed.com.na
I, Prof Dr Mr Mrs Miss		
Name and surname		
Membership number hereby give 1 month's notice to the Fund to terminate my membershi (last active day on the Fund)	p on the Fund on the da	y of 20
TERMINATION REASON: (please tick) Inadequate Benefits		
Increased ContributionsMember Immigrating to another Country		
Financial Constraints		
O Joining another Fund/Scheme (reason:)
Resign from Company Poor/Inadequate Service Quality		
Other reason for termination (reason:)
SIGNED AT ON THIS	DAY OF	20
SIGNATURE	TEL NO.	