

**If any of your personal or bank details changed, please complete and forward to:**

**Phone** +264 61 374 600

**Email** nammed@paramount.com.na [info@nammed.org.na](mailto:info@nammed.org.na)

**Web** www.nammed.info [www.nammed.com.na](http://www.nammed.com.na)

**Address** 1 John Ludwig str, Klein Windhoek

For office use

### PRINCIPAL MEMBER DETAILS

Membership number

Surname

Initials

Name

Date of birth

ID number

### Postal Address

P.O. Box

Town

Country/Code

### Contact Details

Telephone number@ home  Area code & number

Telephone number@ work

Cell phone number

Email address

### Bank Account Details for Contribution Payments via Debit Order

Account name

Bank name

Bank account number

Branch name & Number

Type of account

### Bank Account Details for Claim Refunds

Account name

Bank name

Bank account number

Branch name & Number

Type of account

I, the undersigned declare that the information is true and correct:

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

PRINCIPAL MEMBER \_\_\_\_\_