Windhoek: 1 John Ludwig St. • Klein Windhoek • PO Box 2100 Windhoek • **Tel:** 061 374600 • **Fax:** 061 374650
Swakopmund: Unit 12 Watercube • Welwitschia St., Vineta, Swakopmund • **Tel:** 064 406249 • **Fax:** 064 400375
Otjiwarongo: Hage Geingob St. • **Tel:** 067 302274 • **Fax:** 067 302276
Karibib: Erf 397 Hidipo Hamutenya Street • **Tel:** 064 550551 • **Email:** karibibl@paramount.com.na

Nammed MEDICAL AID FUND

NAMMED MATERNITY PROGRAM REGISTRATION FORM

TEL: +264 61 374600
EMAIL: info@nammed.com.na

SECTION A: MEMBER DETAILS						
Membership Number						
Title		Initials		Full Name(s)		
Surname						
Telephone number	Home			Office		
Cellphone number				Email address		
Marital Status	Single ☐	Married ☐	Divorced ☐	Widowed ☐	Common Law ☐	

SECTION B: MEDICAL DETAILS			
Dependant Name			
Date of Birth		Age	
Healthcare Professional Name			
Normal Delivery		Caesarean (C-Section)	
Due Date		Weeks Pregnant	
Hospital Name			
Other Medical Treatment to be received			
Pre-Authorisation Number			
Healthcare Professional	Signature		Date:

SECTION C: EMPLOYMENT DETAILS					
Private	☐	Company	☐	Company Name	
CB Number					
Telephone number	Home		Office		
Cellphone number					
Email address					
Employment date					
Administration notes					