

MEMBERSHIP DEPENDANT TERMINATION FORM

Tel: +264 83 2999 000

Email a copy of the completed form to: rma@prosperitynam.com

Kindly do not use Tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.



Administrator Notes:		Approved by:
1		
2		

Section A - Principal Member Details

Member Number														
Title	Initials			Full Names										
Surname														
Physical Address														
Postal Address											Postal code			
Telephone Number	(H) Code									(W) Code				
Cellphone Number								Fax Number						
I.D / Passport Number									Passport Expiry Date					
E-mail Address														
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age					
Marital Status	Single			Married			Divorced			Widowed		Cohabitation		
Member Signature				Date	D	D	M	M	Y	Y	Y	Y		

Section B - Bank Details *(For Debit Order Contributions or EFT Claim Refunds)*

IMPORTANT NOTICE: It is compulsory to supply RMA with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)

Claims Refund													
Contribution Payments via Debit Order Date	1st of every month				26th of every month								
Name of Account Holder													
Bank Name							Bank Branch Name						
Account Number							Bank Branch Code						
Type of Account	Cheque / Current				Savings				Signature of Account Holder				

Section C - Termination of Dependant

Dep Code	Full Names	Surname	Termination Date <i>(One calendar month notice in advance is required)</i>								REASON FOR TERMINATION (COMPULSORY)
			D	D	M	M	Y	Y	Y	Y	
			D	D	M	M	Y	Y	Y	Y	
			D	D	M	M	Y	Y	Y	Y	

Section D - Employment Details *(Kindly tick appropriate box / compulsory for members belonging to an Employer Group)*

Private	Company			CB Number													
Company Name																	
Telephone Number																	
Employee Number	D	D	M	M	Y	Y	Y	Y	Employment Date	D	D	M	M	Y	Y	Y	Y

Section E - Employer Warranty

Compulsory for members belonging to Employer Group.

Name of Company											Date	D	D	M	M	Y	Y	Y	Y
Management Representation											Company Stamp								
Name																			
Designation																			
Authorised Signatory Signature																			