

TERMINATION FORM

Tel: +264 83 2999 000

E-mail copy of 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.



Section A - Principal Member Details

Private		Company									
Member Number											
First Name & Surname											
Cellphone Number											
Employee Number											
Company Name											
Effective Date of Termination	0	1	M	M	Y	Y	Y	Y	Note: One calendar month notice in advance required.		

Reason for Termination (Compulsory)

Resigned from Employer		Joined spouse's medical aid fund	
Dismissed		Deceased (attach copy of death certificate)	
Retrenched		Premiums not affordable *	
Retired		*Were you offered an alternative option	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benefits		Service	
Other (Kindly stipulate reason below)			

Principal Member Signature											
	Date	D	D	M	M	Y	Y	Y	Y		

Section B - 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										

For office use only

Processed by											
Signature		Date	D	D	M	M	Y	Y	Y	Y	

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