

GREENLIGHT

BENEFIT CLAIM FORM

CERTIFICATE OF MEDICAL ATTENDANT

Please print in block letters using black or blue ink.

		1-	٠.9.	120	456	/ 0]					
nterm	edia	ry c	ode	e (e.g	j. PF	A: A	123	4567	8	BROKER: 7	8870

	d for completeness and accuracy by:
Name of Sales Co-ordinator/ Admin. Support person/Intermediary	
Email & Tel. no of Sales Co-ordinator/ Admin. Support person/Intermediary	

NAM

This form is issued without admission of liability and must be signed by the Contracting Party and Life Covered (if different to the Contracting Party) and forwarded to:

GREENLIGHT Client Service Centre

PO Box 165 Windhoek Namibia

Fax: 061 246 795

SECTION 1 DETAILS OF LIFE COVERED

Title:	Mr		I	Ms		٨	۸rs		Othe	er						Ir	nitial	s											
Surname/ Name of institution																													
First names/ Contact person																													
Previous surname (if applicable)																													
ID number/Institution registration number																													
Passport number													(w	here	no N	Vam	ibiar	n ID ı	numk	oer i	s avo	ailak	ole)						
Expiry date of passport	D	D	M	M	Υ	Υ	Υ	Υ																					
Country of issue of passport																													
Date of birth	D	D	M	M	Y	Y	Y	Y				A	ge r	ext	birtho	day						G	ende	er: N	1ale		Fem	ale	
Income tax number																	Are y	you c	ı Na	mib	ian r	esid	ent?		YES		1	10	
Residential address/ Physical address of institution																						Р	osta	cod	e				
Postal address																													_
																						P	osta	cod	e				
Telephone numbers																													
(W) Code					No.								((H)	Cod	е							No.						
Fax: Code					No.											C	Cellpl	hone	num	ber									
Email address																													
Marital status: Single		٨	۸arri	ed		[Divor	ced		Wic	dowe	ed					Cori	respo	nde	nce	lang	uag	e: [nglis	sh	Δ	frika	ans	

Completion of this form is required to obtain the Life Covered's medical history and should be extracted from the records of his/her usual family doctor.

SECTION 2 MEDICAL HISTORY

Date	Symptoms	Diagnosis	Treatment
	pove section is completed in full. Attach		
	d of all the diagnoses and the severity thereof?		YES N
f "YES", please provide date	and full details.		
	other medical practitioner or has he/she been h		YES N
f "YES", please state name(s)	and address(es) of medical practitioner(s) and h		re(s).
		ospital(s) involved, and referral dat	
f "YES", please state name(s)	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	re(s).
f "YES", please state name(s)	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	re(s).
f "YES", please state name(s)	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	re(s).
f "YES", please state name(s)	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	re(s).
f "YES", please state name(s)	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	re(s).
f "YES", please state name(s) Name	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	te(s). Date Duration
f "YES", please state name(s) Name s the patient a member of a m	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	re(s).
f "YES", please state name(s) Name s the patient a member of a m	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	te(s). Date Duration
f "YES", please state name(s) Name s the patient a member of a m	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	te(s). Date Duration
s the patient a member of a m Name of medical aid Member number	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	te(s). Date Duration
f "YES", please state name(s) Name	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	te(s). Date Duration
s the patient a member of a m Name of medical aid Member number Name of main member	and address(es) of medical practitioner(s) and h	ospital(s) involved, and referral dat	te(s). Date Duration
s the patient a member of a m Name of medical aid Member number Name of main member	and address(es) of medical practitioner(s) and h Address medical aid?	ospital(s) involved, and referral dat	te(s). Date Duration
s the patient a member of a m Name of medical aid Member number Name of main member The name and address of the	and address(es) of medical practitioner(s) and h Address medical aid?	ospital(s) involved, and referral dat	te(s). Date Duration
s the patient a member of a m Name of medical aid Member number Name of main member he name and address of the	and address(es) of medical practitioner(s) and h Address medical aid?	ospital(s) involved, and referral dat	te(s). Date Duration
s the patient a member of a m Name Name of medical aid Member number Name of main member	and address(es) of medical practitioner(s) and h Address medical aid?	ospital(s) involved, and referral dat	te(s). Date Duration Durat
"YES", please state name(s) Name s the patient a member of a m Name of medical aid Member number Name of main member he name and address of the Name Address	and address(es) of medical practitioner(s) and h Address medical aid? doctor/hospital/institution the Life Covered cons	ospital(s) involved, and referral dat	te(s). Date Duration Durat
s the patient a member of a m Name of medical aid Member number Name of main member The name and address of the Name Address For how long have you been the state of the state	and address(es) of medical practitioner(s) and h Address medical aid? doctor/hospital/institution the Life Covered cons	ospital(s) involved, and referral dat	te(s). Date Duration Durat
s the patient a member of a m Name of medical aid Member number Name of main member The name and address of the Name Address For how long have you been the state of the state	and address(es) of medical practitioner(s) and h Address medical aid? doctor/hospital/institution the Life Covered cons he Life Covered's doctor?	ospital(s) involved, and referral dat	te(s). Date Duration Durat
s the patient a member of a m Name s the patient a member of a m Name of medical aid Member number Name of main member The name and address of the name Address for how long have you been to the name and address for how long have you been to the name and address	and address(es) of medical practitioner(s) and h Address medical aid? doctor/hospital/institution the Life Covered cons he Life Covered's doctor?	ospital(s) involved, and referral dat	te(s). Date Duration Durat
s the patient a member of a m Name Solve the patient a member of a m Name of medical aid Member number Name of main member The name and address of the mane and address The name and address of the mane and address The name and address of the mane and address The name and address of the mane and address The name and address of the mane and address The name and address of the mane and address address The name and address of the mane and address address	and address(es) of medical practitioner(s) and headdress Address medical aid? doctor/hospital/institution the Life Covered consthete the Life Covered con	ospital(s) involved, and referral dat	Postal code

Plan number

(b) Has the assured ever been tsted for HIV antibodies? If "YES", when? What was the results? (c) If HIV-positive": Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? Very When was the assured informed of the "HIV-positive: diagnosis? If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant	(b) Has the assured ever been tsted for HIV antibodies? If "YES", when? By whom? What was the results? (c) If HIV-positive": Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? When was the assured informed of the "HIV-positive: diagnosis? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed of on this day of 20 Signature of medical attendant	(b) Has the assured ever been tated for HIV antibodies? If "YES", when? By whom? What was the results? (c) If HIV-positive": Date of diagnosts DDMMYYYY When was the assured informed of the "HIV-positive diagnosis? When was the assured informed of the "HIV-positive diagnosis? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP	er	there any rentirely or par	tially,	from A	AIDS	or H	IIV in	ssure fecti	ed's i	estat	e of	heal	th is	in a	ny w	vay	due 1	to or	has	aris	en di	rect	y or	indi	rectl	γ,		Υ	'ES			NO	
If "YES", when? By whom? What was the results? (c) If HIVpositive": Date of diagnosis Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20	By whom? What was the results? (c) If HIV-positive: Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? When was the assured informed of the "HIV-positive: diagnosis? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at OFFICIAL STAMP Practice number	By whom? What was the results? (c) If HIV-positive: Date of diagnosis Dommy Y Y Y Y When was the assured informed of the "HIV-positive: diagnosis? Dommy Y Y Y 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP		TL3 , pied	e pro	vide iu	iii de	eiulis.	•																										
If "YES", when? By whom? What was the results? (c) If HIVpositive": Date of diagnosis Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20	By whom? What was the results? (c) If HIV-positive: Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? When was the assured informed of the "HIV-positive: diagnosis? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at OFFICIAL STAMP Practice number	By whom? What was the results? (c) If HIV-positive: Date of diagnosis Dommy Y Y Y Y When was the assured informed of the "HIV-positive: diagnosis? Dommy Y Y Y 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP																													_				
What was the results? (c) If HIV-positive": Date of diagnosis DDMMYYYY When was the assured informed of the "HIV-positive: diagnosis? DDMMYYYYY 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant	What was the results? (c) If HIV-positive": Date of diagnosis D M M Y Y Y Y When was the assured informed of the "HIV-positive: diagnosis? D M M Y Y Y Y 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP	What was the results? (c) If HIV-positive": Date of diagnosis D M M Y Y Y When was the assured informed of the "HIV-positive: diagnosis? 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Initials Surname OGualifications	` '						· HIV	anti	ibodi	ies?																		Υ	ES		ı	NO	
(c) If HIV-positive": Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? When was the assured informed of the "HIV-positive: diagnosis? 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20	(c) If HIV-positive": Date of diagnosis Domestive assured informed of the "HIV-positive: diagnosis? When was the assured informed of the "HIV-positive: diagnosis? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP	(c) If HIV-positive": Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	Ву	y whom?																															
Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant	Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? D. M. M. Y. Y. Y. When was the assured informed of the "HIV-positive: diagnosis? PES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	Date of diagnosis When was the assured informed of the "HIV-positive: diagnosis? When was the assured informed of the "HIV-positive: diagnosis? 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Practice number Qualifications	W	Vhat was the	result	sŝ																													
When was the assured informed of the "HIV-positive: diagnosis? D D M M Y Y Y Y 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	When was the assured informed of the "HIV-positive: diagnosis? D D M M Y Y Y Y 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	When was the assured informed of the "HIV-positive: diagnosis? D M M Y Y Y Y 2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Practice number Gualifications	(c) If	HIV-positive	:																														
2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? YES NO If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP	2.9 Have you travelled or resided outside the Republic of Namibia in the past 12 months? If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Initials Surname OFFICIAL STAMP	De	ate of diagn	osis	D D	M	1 M	Y	Y	Y	Y	,											_											
If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	If "YES", please provide full details including dates. SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	W	Vhen was the	assu	red info	orme	ed of	the	"HIV	/-pos	itive	dia	gnos	șis?	D	D		4 N	1 Y	()	/ Y	Y												
SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	SECTION 3 DECLARATION BY MEDICAL ATTENDANT I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at										f Na	mibi	a in	the	past	12 r	mon	ths?											Υ	ES			NO	
I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP	I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Practice number Qualifications	II TES	5 , piedse pi	ovide	TUII de	eiaiis	incit	uaing	g da	iles.																								
I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Initials Surname	I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Practice number Qualifications																																	
I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Initials Surname	I, the undersigned, a registered medical practitioner, certify to the above information in respect of the Life Covered and understand that the fee for this report will be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of 20 Signature of medical attendant OFFICIAL STAMP Practice number Qualifications	SECTION	13 DECL	ΔRΔ.	TION	BY	ME	EDIC	CΔL	ΔΤ	TEN	IDΔ	NT																					
be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of	be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at on this day of	be paid by Old Mutual in accordance with the tariff agreed by LAAN and the Medical Association of Namibia. Signed at	I, the under												e inf	ormo	ation	in r	espe	ct of	the	Life (Cove	red	and	unde	erstai	nd t	hat	the	fee	for t	his r	eport	will
Signature of medical attendant	Signature of medical attendant OFFICIAL STAMP Initials Practice number	Signature of medical attendant OFFICIAL STAMP Initials Surname Practice number Qualifications	be paid by	Old Mutual	in acc	cordan	ce w	vith th	he ta	riff c	agree	ed by	y LA	AN (and	the <i>I</i>	Лedi	ical	Asso	ciati	on o	f Na	mibi	a. 											
	Initials Surname Practice number	Initials Surname Practice number Qualifications	Signed at									on	this									do	ıy of				_						2	0	
OFFICIAL STAMP	Initials Surname Practice number	Initials Surname Qualifications	Signature o	of medical at	endar	nt																													
	Initials Surname Practice number	Initials Surname Qualifications																											0	FFI	CIA	L ST	ΓΑΝ	\P	
	Practice number	Practice number Qualifications																																	
	Practice number	Practice number Qualifications																																	
Initials Surname Surname		Qualifications	Initials					Surno	ame																										
Practice number	Qualifications Qualifications		Practice nur	mber																															
Qualifications		Address	Qualificatio	ons												_												Τ							
Qualifications	Address		Address																									T							
		Postal code																									Po	stal	cod	le	T				
Address	Postal code																																		
Address		Telephone Code No.	Telephone	Cod	e						No.																								
Address Postal code	Telephone Code No.													L																					
Address Postal code										- 1							_																		
Address Postal code		Telephone Code No.	Telephone	Cod							No.				L																				
Address Postal code Telephone Code No.	Telephone Code No.																																		



Plan number					