MATERNITY PROGRAM

Tel: +264 83 2999 000 / +264 83 2999 543
E-mail queries: clientservices@prosperitynam.com

PROSPERITY LIFE

Section A - Member Details

Membership Number (Existing)				Existing Membership Number (Continuation members)							
Title		Initials		Full Names							
Surname											
Telephone Number	H	Code			W	Code					
Cellphone Number					Fax Number						
E-mail Address											
Marital Status	Single		Married		Divorced		Widowed		Common Law		
Date of Joining	0	1	M	M	Y	Y	Y	Y			

Section B - Medical Details *(To be completed by the Healthcare Professional.)*

Dependant Name													
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age				
Healthcare Professional Name													
Normal Delivery					Caesarean (C-Section)								
Expecting Date	D	D	M	M	Y	Y	Y	Y					
Hospital Name													
*Other medical treatment to be received?	YES		NO		Attach doctors motivational documents				YES		NO		
*Please give details if yes?													
Pre-Authorisation Number													
Healthcare Professional Signature													
									Date	D	D	M	M	Y	Y	Y	Y

Section C - Employment Details *(For office use only)*

Private		Company						
CB Number								
Employment Date	D	D	M	M	Y	Y	Y	Y
Administration Notes								
Note: If joining date and employment date differ, please provide details hereto?								

Underwritten by PROSPERITY LIFE