HealthPro

HealthPro
Administered by Trovic

Application
Form

Application Form

Sinclair Park Unit 2, CBD, 6 Sinclair Street, Windhoek
E-mail: info@trovicnamibia.com
Cell: 0812668675

Surname: _____   Title: Prof/Mr/Mrs/Ms/Dr/Rev: _____

First name/s: _____

Postal address: _____

_____

_____ Code: _____

Date of birth: _____   I.D. No: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Or passport number if not Namibian

Nationality: _____

Tel home: [   ]_____Tel work [   ]_____Fax [   ]_____

Cell: _____ Email: _____

Registered Profession: _____

Council's Registration Number: _____

Date of Registration: _____

Employer's name: _____ Employer's tel: [   ]_____

I hereby authorize __ to arrange deduction(s) and or deduction(s) of arrear(s) by debit order from my bank account. I acknowledge that __ may not cede or assign any of its rights to a third party without my written consent. I may not delegate my obligations in terms of this authority to a third party without prior written consent from __. This authority may be cancelled by me by giving __ thirty days written notice. I agree that in the event of unsuccessful collections on the preferred deduction date, that an alternative date may be selected by __.

_____   _____
Signature of premium payer   Signature of Member

Note: No cash to be paid to independent contractors.

Insurance cover starts 3 months after the date on which the policy has been issued to you by us and is subject to the standard provisions in the Trovic policy which will be sent to you. Money back guarantee: Conditions and exclusions apply. They are contained in the Membership Agreement that will be sent to you. You have 90 days from the date of first issue of the policy to peruse the policy terms and conditions. Should you feel that the policy is not suitable for your requirements, you may cancel and request a refund in writing within 30 days of the expiry of the 90 days.