

## VERFICATION OF EXISTENCE IN RESPECT OF PENSIONERS / WIDOW / WIDOWERS

## NBC: POST RETIREMENT MEDICIAL AID FOR PENSIONERS / WIDOW / WIDOWERS

MEDICAL AID NO:	ID NO.:
POSTAL ADDRESS:	CONTACT NO.:
	NAME OF NEXT OF KEEN:
	SIGNATURE
PHYSICAL ADDRESS:	PENSIONER / _ WIDOW / _ WIDOWER
	SIGNATURE
l,	(name in block letters please) hereby certify that the perso
I,	
l, mentioned above is alive and	(name in block letters please) hereby certify that the perso

o certificate will be accepted without the proper certification by a recognized Commissioner of Oaths.

## PLEASE UPDATE ANY OF THE ABOVE DETAILS IF THEY HAVE CHANGED.

Please return to:

NBC TV & Radio

Regional Offices

Box 321

Windhoek