



CANCELLATION FORM

NAMMED MEDICAL AID FUND • Telephone: (061) 374 600 • Fax: 061 374 650 • www.nammed.info

I, **Mr./Mrs./Dr./Miss:** _____,
membership number: _____ hereby give 1 month's notice to
the Fund to terminate my membership on the Fund on the ____ day of _____ 20____ (last active day on the Fund)

TERMINATION REASON (please tick)

- Inadequate Benefits
- Increased Contributions
- Member Immigrating to another Country
- Financial Constraints
- Resign from Company
- Retrenchment
- Poor/Inadequate Service Quality
- Joining another Fund/Scheme (Reason:.....)
- Other reason for termination: (Reason:.....)

Signed at _____ this _____ day of _____ 20 _____

Telephone Number _____