



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
- Joining another Fund/Scheme (reason:.....)
- Resign from Company
- Poor/ Inadequate Service Quality
- Other reason for termination (reason:.....)

Signed at _____ this _____ day of _____ 20 _____

Telephone Number _____