



Namibian Association of Private Health-facilities

Application for membership

Registered Name of Facility: _____

Trading Name of Facility: _____

Discipline (NAMAF Practice number): _____

Type of facility: _____

Contact person (representative): _____

Tel. Number: +264 (_____) _____

Fax Number: +264 (_____) _____

Cell Number: +264 (_____) _____

E-mail address: _____

Alternative representative: _____

Tel. Number: +264 (_____) _____

Fax Number: +264 (_____) _____

Cell Number: +264 (_____) _____

E-mail address: _____

Postal address: _____

Physical Address: _____

Year Established: _____

Number of Beds: _____

Number of Theatres: _____

Any additional information: _____
