

between **MEDISWITCH NAMIBIA (PTY) LTD** (having registration no 2003/521)(hereinafter referred to as "**MediSwitch**") situated at Maerua Mall South-East block, 3<sup>rd</sup> Floor, Corner of Centaurus & Robert Mugabe Avenue Windhoek, PO Box 40357, Ausspannplatz and the **Practice** (hereinafter referred to as the "**Practice**" as identified and described herein below)

Full name of the owner(s) of the <b>Practice</b>	
Company/ CC or ID No	VAT No
<b>Practice</b> Name	PCNS No

**Please attach a NAMA F Confirmation Letter with all NEW practice numbers**

Physical address	Postal address
Street Name & No	PO Box
Building	Town/City
Town/City	
Contact Person	Cell
Tel	Fax
E-mail (general)*	E-mail (statements/confidential info)#

**Practice management system information (Accounting Software)**

Package Name	Dealer / Sales				
MediSwitch Online Batch	Yes	No	MediSwitch Online (SwitchOn)	Yes	No

**Name of the Switching Service previously used (if applicable)**

Marketing information					
Do you wish to receive our newsletter and marketing information about <b>MediSwitch</b> products? *	Yes	No	Do you wish to receive marketing information about related products and companies? *	Yes	No
E-mail			Cell		

**Signature on behalf of the Practice**

Signed on behalf of the **Practice** by (full name) .....  
who is hereby duly authorized to represent and to act on behalf of the **Practice**

**Signature** ..... **Date** ..... / ..... / 20.....