Application Form for Booking System

Account Details (To be completed in Block Letters):

Practice Number:
Practice Name:
Postal Address:
Physical Practice Address:
E-mail Address:
Surname:
First Names:
Title:
Work Phone: ( ) Fax: ( )
Cell Number:

Preferred Booking System (Please indicate with an X):

☐ **A. TELEPHONIC**

1. Fee: N$ 50.00/month
2. Time: Mondays to Fridays: 09h00 - 18h00
   Saturdays: 09h00 - 13h00
   Sundays & Public Holidays: Not available
3. Benefit Booking Telephone No: (061) – 2876121(271223)

☐ **B. ELECTRONIC**

1. Fee: Not Applicable
2. System Requirements: - Windows 95/98/2000
   - Modem (28800 Kbs)
3. Preferred Date of Installation: _____

Signature: _____ Date: _____ /_____ /_____

FOR OFFICE USE ONLY	
Submitted by:	**Date:**
Received by:	**Date:**
Login:	
Password:	

Send to: **Information Systems Department**
MYHEALTH NAMIBIA ADMINISTRATORS
FAX: **(061) 375 950**
TEL: **(061) 375 969**
E-mail: **info@mhnamibia.com**