

Retrenchment Benefit Claim Form

Ground Floor, Trust Centre Building, Cnr Wemer List θ John Meinert Streets, Windhoek, Namibia. P.O Box 41153, Ausspannplatz, Windhoek, Namibia. Tel 061 236 585, Fax 061 236 584. windhoek@legalwise.na www.legalwise.na

NB. Please attach a certified copy of the main Member's official retrenchment letter issued by the Employer.

Terms and Conditions Apply

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

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Disablement Benefit Claim Form

Ground Floor, Trust Centre Building, Cnr Werner List & John Meinert Streets, Windhoek, Namibia. P.O Box 41153, Ausspannplatz, Windhoek, Namibia. Tel 061 236 585, Fax 061 236 584. $windhoek @legalwise.na \\ www.legalwise.na$

$NB. \ \underline{\textbf{Please attach a certified copy}} \ of \ the \ Doctor's \ report \ confirming \ that \ the \ main \ Member \ is \ disabled.$

Terms and Conditions Apply

Please write clearly using CAPITAL letters and one letter per block. Fill in from the left and leave a blank box as a space between words.

1. Main Member's Personal Details																								
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Membership No																								
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