



MINISTRY OF FINANCE

**APPLICATION AS HOSPITAL OR PRIVATE HEALTH FACILITY**  
**Applicant Details**

To be completed and submitted for an Application as Hospital or Private Health Facility for the Public Service Employees' Medical Aid Scheme ("PSEMAS").

**1. Name of Service Provider**

**2. Legal status of Service Provider**

Sole proprietor (tick "✓" if applicable)

Partnership (tick "✓" if applicable)

Close corporation (tick "✓" if applicable)

Company (tick "✓" if applicable)

**3. Details of sole proprietor, partners, members or directors** *(Provide extra attachment if not enough space)*

Full Name	Nationality	ID Number	Registration No. of applicable Council	NAMAF No.

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4. Details of ownership (Provide extra attachment if not enough space)

Full Name of Shareholder	Nationality/Head Office	ID Number/Registration No	Shareholding

5. Physical address(es) of Service Provider (Provide extra attachment if not enough space)

5.1 Postal Address

Physical Address/Town/Region

5.2 Postal Address

Physical Address/Town/Region

5.3 Postal Address

Physical Address/Town/Region

6. Details of Service Provider Facilities (Provide extra attachment for each Facility as per 5. above)

Facilities	Number of Beds	Comments
Medical		
Surgical		
Maternity		

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Neonatal Intensive Care Unit		
Intensive Care Units		
Specialized Intensive Care Units		
High Care		
Pediatric		
Psychiatric		
Day ward		
Other		
Other		
Other		

7. Number of Healthcare Practitioners (Provide extra attachments if not enough space)

Type of Healthcare Practitioner	Full-time	Part-time	Area of Specialty	NAMAF No.

8. Required documentary proof

	Document (Certified Copies)	Date registration terminates	✓
4.1	Certified copies of ID's for the shareholders/members/partners		
4.2	Residence status of shareholders/members/partners in Namibia and certified copies of work permits / residential or work visas (where applicable)		
4.3	Proof of NAMAF Registration		
4.4	Proof of Health Professions Council Registration		
4.5	Proof of relevant association membership		
4.6	Proof of inspection certificate from Ministry of Health and Social Services		
4.7	Proof of registration under section 22 A of the Medicines and Related Substances Control Act, 1965 (Act No. 101 of 1965) (where applicable)		
4.8	Proof of status and registration (e.g. close corporation, company, partnership)		
4.9	Proof of contractual capacity		
4.10	Certificate of good standing from Receiver of Revenue		
4.11	Certificate of good standing from the Social Security Commission		
4.12	Health Registration Certificate in terms of section 23 of the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994)		

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**DECLARATION**

I, the undersigned, being duly authorised to act herein, hereby declare that:

**(a) I have read the PSEMAS Terms and Conditions and hereby, without reservation, bind the hospital or private healthcare facility thereto and agree to abide thereby;**

(b) to the best of my knowledge and belief the statements made and the information supplied in this questionnaire and the attachments are correct and that there are no other facts that are relevant to the assessment of my suitability as a healthcare practitioner;

(c) I understand that the Ministry of Finance may seek additional information from any third parties it deems necessary in view of assessing my suitability as a healthcare practitioner and I consent to their undertaking checks and searches as part of their due diligence; and

(d) I undertake to bring to the attention of the Ministry of Finance any matter which may potentially affect my status as being a healthcare service provider as and when it occurs.

**APPLICANT**

Print Name:	_____
Signature:	_____
Date:	__/__/____

**MINISTRY**

Print Name:	_____
Signature:	_____
Date:	__/__/____

**COMMISSIONER OF OATHS (FOR APPLICANT)**

Print Name:	_____
Signature:	_____
STAMP	

**FOR OFFICE USE**

Name of Healthcare Service Provider:	_____
NAMAF No.:	_____
PSEMAS No.:	_____
ACCEPTED/DECLINED:	_____
Reasons:	_____
Printed Name:	_____
Signature:	_____
Date:	_____

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