[Practitioner Name or letterhead]

[Practice Details]

**Date:**

**The Chief Executive Officer**
Namibia Association of Medical Aid Funds (NAMAF)
Email: ceo@namaf.org.na
Windhoek, Namibia

Dear Mr Tjiuoro,

**Demand for Reimbursement of Unlawfully Collected Fees For Practice Number**

I, [Your Full Name], a healthcare practitioner registered with NAMAF under practice number [ state your practice number] hereby formally demand the reimbursement of all fees unlawfully collected from me between 2016 and 2023 for the renewal of my practice number.

1. **Legal Justification**

It has been established that NAMAF's collection of fees for practice number renewals is **ultra vires**, as NAMAF does not have the statutory authority to impose such charges. In addition, I invoke the legal principle of ***condictio indebiti***, as the payments were made under a mistaken belief that there was a legal obligation to pay these fees.

1. **Fees Paid and Adjusted for Inflation**

I have calculated the amounts owed to me based on the fees paid to NAMAF, as follows:

|  |  |  |
| --- | --- | --- |
| **Year** | **Amount Paid** | **Claimed Amount** |
| 2016 | N$ 590.00 | N$ 590.00 |
| 2017 | N$ 630.00 | N$ 630.00 |
| 2018 | N$ 671.00 | N$ 671.00 |
| 2019 | N$ 720.00 | N$ 720.00 |
| 2020 | N$ 747.00 | N$ 747.00 |
| 2021 | N$ 763.00 | N$ 763.00 |
| 2022 | N$ 779.00 | N$ 779.00 |
| 2023 | N$ 832.00 | N$ 832.00 |
| **Total Payments** | **N$ 5 731.00** | **N$ 5 731.00** |

1. **Demand for Reimbursement**

I hereby request that NAMAF:

1. Reimburse me the total sum of **5 731.00** for fees unlawfully collected between 2016 and 2023, as detailed above.
2. Confirm in writing within **14 days** of receipt of this letter that you will process the reimbursement, or alternatively provide reasons for any refusal to do so.

Failure to address this demand may result in legal action to recover **all** unlawful fees paid to NAMAF for the renewal of practice numbers, with interest.

I trust that NAMAF will resolve this matter promptly and look forward to your timely response.

Yours sincerely,

[Your Full Name]
[Your Professional Title]
[Your Practice Name]