

MEMBERSHIP APPLICATION FORM

Employer or Account Holder details INDIVIDUAL CORPORATE

Name of Employer/Account Holder Member Number

Date (of joining) Occupation

Employment Status Employed Self Employed Business Person Unemployed

Membership details

Surname First Names

Title Mr Mrs Miss Ms Dr Prof Other

Gender Male Female I.D. Type National I.D. Passport Driver's Licence

I.D. Number Date of Birth

Marital Status Single Married Divorced Widowed Number of Dependants

Physical Address

Home Phone Number Business Phone Number

Mobile Number Email

Indicate which package you wish to join

Starter Starter⁺ Standard Classic⁺ Classic Active Vitality Zest

Family membership to be included

1. Surname First Name Date of Birth Gender M F

I.D. Number Relationship

2. Surname First Name Date of Birth Gender M F

I.D. Number Relationship

3. Surname First Name Date of Birth Gender M F

I.D. Number Relationship

4. Surname First Name Date of Birth Gender M F

I.D. Number Relationship

5. Surname First Name Date of Birth Gender M F

I.D. Number Relationship

Medical History

Have you, your spouse or any of your dependants suffered from any of the following:

Cancer Psychiatric Conditions Hypertension Diabetes Renal Disease
Cardio Vascular Problems Epilepsy Asthma Leprosy Other

If neither of the above please state

Bank Details

Name of Member Membership Number
Account Name
Account Number
Bank
Branch Branch Code

I hereby certify that the information given above is correct and true in all respects and agree to the Terms & Conditions in the policy document.

.....

Date

Member's Signature

