



CELLMED HEALTH
MEDICAL FUND

NEW ACCOUNT APPLICATION FORM

Name of Account Holder	<input type="text"/>
Physical Address	<input type="text"/>
Postal Address	<input type="text"/>
Contact Person	<input type="text"/>
Designation	<input type="text"/>
E-mail Address	<input type="text"/>
Telephone No. [Bus]	<input type="text"/>
Telephone No. [Home]	<input type="text"/>
Cell phone No.	<input type="text"/>

PLEASE NOTE:

1. The fund must have the initial contribution and completed application from in respect of each applicant prior to the 1st of the month in which membership is to commence.
2. Subscription are paid in advance [e.g. Subscriptions for January are aid in December]
3. Subscriptions are due on the 31st of each month and failure to do so the account will be suspended automatically.

Date

Signature