



PARKSMED HEALTH FUND

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Botanical Gardens
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P.O. Box CY 140
Causeway, Harare



MEMBERSHIP NUMBER

P	M	0	0	0					
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ADD/REMOVE BENEFICIARY APPLICATION FORM

1. PLEASE INDICATE THE PLAN YOU WISH TO JOIN BY TICKING THE APPROPRIATE BOX.

BUFFALO

 RHINO

 ELEPHANT

2. MEMBER'S DETAILS (PLEASE COMPLETE IN BLOCK LETTERS)

Full name of applicant (as appears on slip)	Mr/Mrs/Miss	First name	Surname

4. Dependant(s) Details

Full Name of Person to be Added/Removed	Sex		I D No.	Relationship to member	Date of Birth	Membership	
						ADD	REMOVE

Tick appropriate

This instruction is with effect from

Signature :

Date :

Official Use	
Date: _____	Approved/Not Approved: _____