



PARKSMED HEALTH FUND

Telephone: +263-4- 792786 - 9
707624-9
Whatsapp: +263712 840 574
Email: info@parksmed.co.zw

Head Office
Botanical Gardens
Cnr Borrowdale Rd/ Sandringham Dr
P.O. Box CY 140
Causeway, Harare



A member of Zimbabwe Parks & Wildlife Management Authority

MEMBERSHIP NUMBER

P	M	0	0	0					
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CHANGE PLAN FORM

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

Previous Plan	New Plan
BUFFALO <input type="checkbox"/> RHINO <input type="checkbox"/> ELEPHANT <input type="checkbox"/>	BUFFALO <input type="checkbox"/> RHINO <input type="checkbox"/> ELEPHANT <input type="checkbox"/>

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

Full name of applicant (as appears on slip)	Mr/Mrs/Miss	Surname	Date of Birth/...../.....																																								
		I.D Number	E.C Number																																								
		<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Preferred Postal address																																											
Date of Employment	Day	Month	year	Cell phone number	Email																																						
Date joined				Effective date																																							

Declaration

I declare that the information given above is correct and agree to abide by rules, regulations and benefits as amended from time to time by the PARKSMED HEALTH FUND. I authorize the deduction of the monthly subscriptions and any shortfalls due to myself and my beneficiaries from my salary or bank account for remittance to the Fund.

Signature :

Date :

Official Use	
Date: _____	Approved/Not Approved: _____