



PARKSMED HEALTH FUND

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



MEMBERSHIP NUMBER

P	M	0	0	0					
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MEMBERSHIP 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	Surname			Date of Birth	
				/...../.....	
				I.D Number		
				E.C Number		
Preferred Postal address						
Date of Employment	Day	Month	year	Cell phone number	Email	
Date joined				Effective date		

3. Banking details

Bank Name: Branch Name: Acc No.:

4. Dependant(s) Details

Full Name	Sex		I D No.	Relationship to member	Date of Birth	Membership	

Declaration Tick appropriate

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: _____