

Particulars of Business:																						
Registered Name:																						
Trading Name:																						
VAT Number:												PSIRA Employer Number:										
COIDA Number:												PSSPF Number:										
NBC Number:																						
Business Physical Address:																						
											Code:											
Business Postal Address:																						
											Code:											
Business Contact Number:												Fax Number:										
Company E-mail Address:											Number of Employees:											
Company Branches:	<input type="checkbox"/> Gauteng	<input type="checkbox"/> Mpumalanga	<input type="checkbox"/> KwaZulu-Natal	<input type="checkbox"/> North West	<input type="checkbox"/> Free State																	
	<input type="checkbox"/> Limpopo	<input type="checkbox"/> Western Cape	<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> Northern Cape																		
Name of Finance Contact:																						
Contact Number:												Email Address:										
Name of Payroll Contact:																						
Contact Number:												Email Address:										
Name of HR Contact:																						
Contact Number:												Email Address:										

Scheme Details:												
Inception Date:	D	D	M	M	Y	Y	Y	Y	Expected Member Count:			

Branch Locations:		
	Branch Name:	Contact Person:
1st Branch		
2nd Branch		
3rd Branch		
4th Branch		
5th Branch		
6th Branch		
7th Branch		
8th Branch		
9th Branch		
10th Branch		

Disclaimer:

The deduction of premiums from the employee's salary and subsequent payment of the total lump sum to Affinity Health is the responsibility of the Employer. It is important to note that the continuation of services is subject to a the monthly premium and your employees will enjoy benefits for as long as the premiums are received. Successful payments will secure cover and services for that month and payment schedules are calculated on a month to month basis. Payment is due by no later than the 7th of each month.

Company Representative Signature	Date
	D D M M Y Y Y Y