

CHANGE OF OPTION

Current Option - name of option

New option - name of option

TO BE COMPLETED BY MAIN MEMBER'S EMPLOYER

Name of Employer

DZABALA TRUST

Employer address

P.O.Box 2447 IST

Employer Tel. No.

0911672767

Employer Fax No.

Please indicate the appropriate box with an "X" and complete the information

☐

The company has a medical scheme BUT

is not a member and is not eligible for membership of the fund for the following reasons:

☐

The company has a medical scheme AND

is a member of our fund. His/her details are:

ATUPELE DZABALA

Membership No.

200076057

Dependants covered

HUSBAND

SON

Main member join date

(dd mm yyyy)

Dependant/s join date

Signature of Employer

H. Dabala

Designation

CHAIRPERSON

Date

15092016

DECLARATION BY MAIN MEMBER

I hereby declare that to the best of my knowledge, the information herein this document is true and correct.

Signature

H. Dabala

Date

15072016

