EMERALD MEDICAL AID SOCIETY

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The Director
Salary Service Bureau
P.O. Box CY 507
Causeway
Harare

SURNAME FOLLOWED BY FIRST NAME

Surname :

First Name (s) :

ID NUMBER

Ministry

Dept. Code

Station Code

New

Change

Cease

TICK WHICHEVER IS APPLICABLE

Card Type

Section

Subsection

Employment code number

C/D

PAYEE CODE

4	5	6	7	5

AMOUNT DEDUCTED

$	$	$	$	C	C

FROM DATE

TO DATE

POLICY OR MEDICAL AID NUMBER

MEMBER'S SIGNATURE..DATE..............................

RECOMMENDED BY NAME .....................SIGNATURE....................DATE..............................

APPROVED ....SIGNATURE....................DATE..............................

APPROVED..SIGNATURE....................DATE..............................

IMPORTANT NOTE: No form will be accepted without an Employee Code Number and Policy or Medical Aid Number being quotes. Let this record state that all members who join this medical aid shall pay 100% of the total subscription. The complete subscription shall come from the employee and Government (employee) shall not contribute any amount to this subscription. All employees who subscribe to this service must also be completely aware that all subscriptions and contributions to this fund have no effect on their tax obligation. There will be no tax deduction made with regards to those who join this medical aid.

DIRECTORS: T. J. Guvamatanga: E. Tagarisa: S. Maumbe.