

**CORPORATE MEMBER APPLICATION FORM (COMPANY)**

1. Company Name:
2. Postal Address:
3. Location Address:
4. Tel. No.(s):  Fax No.:
5. Primary Contact Person :
6. Email:
7. Nature of Business:
8. Total Number of Employees/Members to be covered
9. Preferred Premium Payment

PLANS <input type="radio"/> INDIVIDUAL <input type="radio"/> FAMILY	NO. OF PRINCIPAL MEMBERS	NO. OF DEPENDANTS
PREMIER REGULAR		
PREMIER MERCURY		
PREMIER PLATINUM		
PLATINUM PLUS		
ENHANCED PLATINUM PLUS		
CORPORATE MICRO		

10. Commencement Date: .....
11. Preferred Premium Payment Schedule (Please Tick):  One-Time Payment     Two Months Payments
12. I hereby declare to the best of my knowledge that the above information is correct:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_