Bomaid
The medical aid you can trust

NEW COMPANY MEMBERSHIP REGISTRATION FORM B6

(This form must be accompanied by a copy of your company's CERTIFICATE OF INCORPOARTION as well as the member aplication forms for your employees.

Attach and complete the following

Name of Company	
Postal Address	
Physical Address	
Telephone/ Fax	
Emaill Address	
Number of Employess	
Name of Human Resources Manager	
Name of Finance Manager	
Name of Staff Representative	

Do you wish to collect your mail or have it mailed to you?	Yes	No

Sgnature	

Designation		Date	