

Head Office Address: 36 Lawson Avenue ,Milton Park, HARARE

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Email:enquiries@highground.co.zw, Website:www.highground.co.zw

**PRINCIPAL MEMBER DETAILS**

MEMBERSHIP NO:

Scheme: .....

Surname (Title: Mr/Mrs/Miss/Dr ) ..... First Name .....

Date Of Birth:..... Gender: ..... I.D. No: .....

Religion..... Marital Status: ..... Contact Number(s) .....

Residential Address ..... Occupation .....

Name & Address Of Employer.....

Contact Numbers..... Email Address .....

Monthly Premium .....

**METHOD OF PAYMENT**

CASH  BANK STOP ORDER  EMPLOYER STOP ORDER .....

**BANKING DETAILS FOR PERSON RESPONSIBLE FOR PREMIUM PAYMENT**

Account Name..... Bank..... Branch..... Acc No.....

Monthly  Quarterly  ½ Yearly  Yearly

Do you have any pending case? Yes  No  If yes, give details

**IMMEDIATE FAMILY MEMBERS TO BE COVERED**

| Surname | First Name/s | Gender | Date Of Birth | ID Number | Relationship |
|---------|--------------|--------|---------------|-----------|--------------|
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|         |              |        |               |           |              |

**OTHER DEPENDANTS TO BE COVERED**

| Surname | First Name/s | Gender | D.O.B | ID Number | Relationship | Premium |
|---------|--------------|--------|-------|-----------|--------------|---------|
|         |              |        |       |           |              |         |
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|         |              |        |       |           |              |         |
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|         |              |        |       |           |              |         |

**DECLARATION**

I declare that the information above is true and correct to the best of my knowledge and by signing I accept the terms and conditions of the policy Signed At

..... On ..... Day Of ..... 20 .....

Applicant's Signature .....

**For Office Use Only**

Agent's Name..... Code .....

Agent Signature..... Agent's Signature .....

