Membership Application Form
cfb Membership

cfb Medical CENTRE

www.cfbmedic.com.zm
membership@cfbmedic.com.zm
T +260 211 255728, C +260 979 700 100
4192, Addis Ababa Drive, Lusaka, Zambia

MAIN APPLICANT DETAILS

Title | Surname
First Name
Date of birth (D D M M Y Y Y Y) | Gender M F | NRC Number
Passport Number
Residential Address
Postal Address
Telephone No | Cellphone Number
Email
Next of Kin Name | Cellphone Number
Relationship

DEPENDENT 1

Title | Surname
First Name
Date of birth (D D M M Y Y Y Y) | Relationship
Email
Cellphone No. | NRC Number

DEPENDENT 2

Title | Surname
First Name
Date of birth (D D M M Y Y Y Y) | Relationship
Email
Cellphone No. | NRC Number

DEPENDENT 3

Title | Surname
First Name
Date of birth (D D M M Y Y Y Y) | Relationship
Email
Cellphone No. | NRC Number

DEPENDENT 4

Title | Surname
First Name
Date of birth (D D M M Y Y Y Y) | Relationship
Email
Cellphone No. | NRC Number

Membership Application Form
cfb Membership

www.cfbmedic.com.zm
membership@cfbmedic.com.zm
T +260 211 255728, C +260 979 700 100
4192, Addis Ababa Drive, Lusaka, Zambia

DEPENDENT 5

Title | Surname
First Name
Date of birth (D D M M Y Y Y Y) | Relationship
Email
Cellphone No. | NRC Number

DEPENDENT 6

Title | Surname
First Name
Date of birth (D D M M Y Y Y Y) | Relationship
Email
Cellphone No. | NRC Number

DECLARATION BY APPLICANT

The Board of Directors of CFB Medical Centre reserve the right to accept any applicant and his/her dependents for Membership.

The Membership terms and conditions have been read and understood.

The Exclusion Policy has been explained and understood.

Membership cover for Hospital admission requires the applicant and each registered dependent to undergo a full medical check-up, within the first fourteen days of acceptance for Membership.

The member must notify the Membership office in writing, of any changes in the details contained in this application form.

Membership Subscriptions are payable in advance. Subscription not paid within thirty days of due date will result in termination of membership. Once membership has been terminated, the member will be required to join as a new member.

Renewal of Membership is the member's responsibility and although cfb Medical Centre will make every reasonable effort to deliver subscription invoices to the member on time, cfb Medical Centre cannot be held responsible for the member not receiving reminders.

The Board of Directors reserve the right to change, amend, modify or terminate this Membership at any time without notice.

I hereby acknowledge that I/We have read and understood the terms and conditions mentioned above and agree to it all.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Membership No: _____ Subscription Fee: _____

Policy Start Date: _____ Policy End Date: _____

PMO File No: _____ Signature: _____

Payment Date: _____ Signature: _____