

AGENT REGISTRATION AND AMMENDMENT FORM

Generation Health
P.O. Box 10130
HARARE
Website: www.generationhealth.co.zw

Generation Health
2nd. Floor, Zimnat House
Nelson Mandela Ave./3rd. Street
HARARE

Administered by:
Sovereign Health
Tel: (263 242)793389; 797843; 793476
Nelson Mandela Ave./3rd. Street
Fax: (263 4) 790700
CDMA: (263 242) 2928629; 2928930

Section A: Type of transaction: Please tick the appropriate box

New registration <input type="checkbox"/>	Amendment of details <input type="checkbox"/>
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Section B: Organisation details: This section must be completed by the agent

Title	Surname	Maiden surname	
Name			
Identity number		Passport number	
Date of birth	Gender (M/F)	Marital status	Race
Fax number			
Cellphone		Telephone (W)	
Physical address		Telephone (H)	
		Postal address	
E-mail	Start date		

Section C: Banking details for commission payments: Proof of banking details required in the form of letter from the bank or banking details on company letterhead signed and stamped by the relevant issuer

Bank name	Branch name	Branch code
Account type	Account number	
Account holder (Company)		

Declaration statement

1. The information supplied in and with this application form is complete and accurate to the best of the applicant's knowledge and belief;
2. If it is granted registration as an agent, the applicant will comply with Generation Health Agent policy and Fund rules
3. The applicant will notify Generation Health of all material changes to the information contained in and with this application form within 30 days of the change;
4. The applicant understands and agrees that if no business is placed at Generation Health within a reasonable timeframe, determined at the discretion of Generation Health, it may be deactivated as an agent;

Please provide copies of the following:-

1. Copy of National ID;
2. Proof of banking details;

Agent: _____ **Signature:** _____ **Date:** _____

Fund representative: _____ **Signature:** _____ **Date:** _____

NB: Fund stamp required for application to be valid