



AGRIMED HOUSE, 44 McChlery Avenue, Eastlea,  
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## MURIMI UMLIMI PACKAGE MEMBERSHIP APPLICATION FORM

Name of Agent:	Ward	District:
Province:	Contact No:	

### 1. MEMBER'S DETAILS (please complete in block letters)

Full Name of Applicant (as on National I.D)	Mr. Mrs. Miss. Dr.	Surname:	First Name:
Date of Birth:	Day:	Month:	Year:
Farm/Village/Plot/Suburb:		Province:	
District:		Ward:	
Home Tel:	Cell:	E-mail:	
Commencement Date of Membership:		Day:	Month: Year:
Member's National Identity No.:			

### 2. SPOUSE AND CHILDREN'S DETAILS (if to be registered)

First Name:	Surname:	Date of Birth:	National Identity No.:	Sex	Relationship to Member

### 3. DETAILS OF OTHER DEPENDENT (S)

First Name:	Surname:	Date of Birth:	National Identity No.:	Sex	Relationship to Member

Complete and sign a **HEALTH DECLARATION FORM** for acceptance into Society's membership pool

### 4. BANKING DETAILS

Name of Bank or Building Society	Branch	Account No.	Branch Code	Town

### 5. MEDICAL HISTORY: Have you / your spouse / any of your dependents suffered from any of the following:

Cancer	Psychiatric Conditions	Hypertension	Diabetes	Leprosy
Renal Disease	Cardio-vascular Problems	Epilepsy	Asthma	Other: (please state)

If any of the above applies or if other condition is present please give details of condition, when it was first diagnosed and any treatment being taken.

Name and address of the Doctor:.....



I hereby certify that the information given above is correct and true in all respect. I agree that should this application for membership be accepted, the contract between myself and the Society shall be strictly governed by the rules, regulations and benefits, as amended from time to time by the Society. I authorise the deduction from my salary of the monthly subscriptions due in respect of myself and my dependants. I hereby authorise The Society to access my medical records from any health service provider for any reason whatsoever, I further declare that these dependant(s) do not suffer from any conditions not declared.

Applicant's Signature:.....

Date:.....

Funeral Cover  
 underwritten by

