AGRIMED
AGRICULTURAL MEDICAL AID SOCIETY

AGRIMED HOUSE, 44 McChlery Avenue, Eastlea,
P O Box CY 1256 Causeway, Harare, Zimbabwe
Tel: +263 4 700751, 703338, 703465, 706739 Tel / Fax: 04 251910
E-mail: agrimed@agrimed.co.zw Website: www.agrimed.co.zw

Silo Food Industries "Sustaining Generations"
SILO FOOD INDUSTRIES LTD

MEMBERSHIP APPLICATION FORM

Please indicate the package you wish to join by ticking (✓) in the appropriate box

Silo Platinum ☐ **Silo Gold** ☐ **Silo Diamond** ☐ **Silo Silver** ☐ **Silo Bronze** ☐

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:**	**Employment No.:**
Department:			**Depot:**
Postal Address:			**Bus. Tel:**
Home No.:	**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. OTHER DEPENDENT (S): Tick (✓) Silo Platinum ☐ Silo Gold ☐ Silo Diamond ☐ Silo Silver ☐ Silo Bronze ☐

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

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 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.

Member's Signature..... Date:.....

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Kneebowe
TRADING(PVT)LTD

MEMBERSHIP APPLICATION FORM

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GRAIN MARKETING BOARD
PENSION FUND

MEMBERSHIP APPLICATION FORM

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