

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 4) 793389; 250680
 Nelson Mandela Ave./ 3rd. Street
 Fax: (263 4) 790700
 CDMA : (263 4) 2928629; 2928930

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

New registration

Amendment of details

Section B: Organisation details: This section must be completed by the agent

Title		Surname		Maiden surname	
First name/s					
ID number				Passport number	
Date of birth		Gender (M/F)		Marital status	Race
Cellphone/s		Telephone (W)		Telephone (H)	
Physical address			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					

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