

**SERVICE PROVIDER APPLICATION OR AMMENDMENT FORM**



Generation Health  
P.O. Box 10130  
HARARE  
Website: [www.generationhealth.co.zw](http://www.generationhealth.co.zw)

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

**Administered by:**  
Sovereign Health  
Tel: (263 4) 793389; 250680  
Nelson Mandela Ave./ 3<sup>rd</sup>. Street  
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**Section A: Nature of transaction:** Please tick the appropriate

New registration  Amendment

**Section B: Service provider details:** *This section must be completed by the service provider contact person*

<b>Title</b>	<b>Surname</b>	<b>Cellphone</b>
<b>Name/s</b>		<b>Identity number</b>
<b>Practice name\Surgery</b>		<b>AHFoZ number</b>
<b>Business physical address</b>	<b>Business postal address (if applicable)</b>	
<b>Telephone (w)</b>	<b>Fax number</b>	
<b>Contact person</b>	<b>Job title</b>	
<b>Contact person email</b>		

**Section C: ZIMRA Tax details**

<b>Business name</b>	
<b>Business Partner Number</b>	<b>Authentication code</b>
<b>Tax clearance issue date</b>	<b>Tax clearance expiry date</b>

**Section D: Banking details for claim payments**

*Proof of banking details required in the form of letter from bank or banking details on company letterhead signed and stamped by the relevant issuer*

<b>Bank name</b>	<b>Branch name</b>	<b>Branch code</b>
<b>Account type</b>	<b>Account number</b>	
<b>Account holder (Company)</b>		

**Declaration statement**

- I am authorised to make this declaration and to provide the information that is contained in this application form and in any supporting documentation;
- The information supplied in and with this application form is complete and accurate to the best of the applicant's knowledge and belief;
- If it is granted registration as a service provider, the applicant will comply with Generation Health Service Provider policy and Fund rules
- 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;
- 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 a service provider;

**Please provide copies of the following:-**

- AHFoZ registration letter;
- Current TAX Clearance;
- Copy of National ID;
- Proof of banking details.

**Service provider representative:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Service Provider Stamp
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