

SERVICE PROVIDER APPLICATION OR 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:
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Nelson Mandela Ave./3rd. Street
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Section A: Nature of transaction: Please tick the appropriate

New registration	<input type="checkbox"/>	Amendment	<input type="checkbox"/>
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Section B: Service provider details: This section must be completed by the service provider contact person

Title	Surname	Cellphone	
Name		Member number	
Identity number		AHFoZ number	
Date of birth		Business postal address (if applicable)	
Practice name \Surgery		Fax number	
Business physical address		Job title	
Telephone (w)		Contact person email	
Contact person			

Section C: ZIMRA Tax details

Business name	Authentication code	
Business Partner Number	Tax clearance expiry date	
Tax clearance issue date		

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

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

Declaration statement

1. I am authorised to make this declaration and to provide the information that is contained in this application form and in any supporting documentation;
2. 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
4. 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;
5. 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:-

1. AHFoZ registration letter;
2. Current TAX Clearance;
3. Copy of National ID;
4. Proof of banking details.

Service provider representative: _____ **Signature:** _____ **Date:** _____

Service Provider Stamp