



Avenue Healthcare

Client Services Department

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◆Nairobi ◆Mombasa ◆Kisumu ◆Thika ◆Nakuru ◆Eldoret

Corporate Application Form

Company Details (PLEASE FILL IN BLOCK LETTERS)

Company / Organization's Name:	
P.O. Box:	Town: Postal Code:
Nature of Business:	
Physical Location:	
Office Tel:	Fax:
E-Mail Address:	
Authorised Contact Person:(<i>name</i>)	
Title / Designation :	Mobile No:
1. Coverage Effective Date: <input type="checkbox"/> One Year <input type="checkbox"/> Two Years <input type="checkbox"/> Other	

2. Medical Scheme Options

Option	No. of Staff	No. of Dependants	Total No. of Members
Outpatient Card			
Executive Outpatient Card			
Standard Card			
Advantage Card			
Privilege Card			
Executive Privilege Card			
In House Clinic Option	Specify:		

3. Optional Covers

Option	No. of Staff	No. of Dependants	Total No. of Members
ICU - Intensive Care Unit Cover			
Private Room Upgrade			
Chronic / Exclusion Covers ❶			
Credit Facility ❷			
Other (specify)			

❶ Available to Companies with 50 or more principal members ❷ Complete the Avenue Group Credit Facility Questionnaire

4. Payment Details Kindly note that all Cheques should be made out to Avenue Healthcare Ltd

Cheque Number:	Bank:	Amount:
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5. Authorised Signatory

I confirm that I have read and understood the terms, benefits, limits and exclusions of Avenue's Managed Healthcare Care Plans

Name	Title / Designation:	
Signature	Company Stamp	Date