

Employer warranty (please complete if joining under company)

We warrant that the main applicant detailed in the first section of this application form is an employee of our organisation.
Pula Medical Aid Fund may bill us for the amount due for this member in the same way as it does for our other employees with Pula Medical Aid Fund

Name	<input type="text"/>
Designation	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Postal Address	<input type="text"/>

EMPLOYER'S STAMP

Authorised signatory: _____