



AIICO MULTISHIELD LIMITED - REGISTRATION FORM

PLACE PASSPORT PHOTOGRAPH PRINCIPAL (STAFF)	PLACE PASSPORT PHOTOGRAPH SPOUSE	PLACE PASSPORT PHOTOGRAPH CHILD 1	PLACE PASSPORT PHOTOGRAPH CHILD 2	PLACE PASSPORT PHOTOGRAPH CHILD 3	PLACE PASSPORT PHOTOGRAPH CHILD 4
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Chosen Provider for Principal

INDIVIDUAL/FAMILY SUBSCRIBER PROFILE

Please complete all relevant sections on both sides of the form in BLOCK CAPITALS, sign and date it. Return the form to AIICO MULTISHIELD

1 Your personal details

Title		Surname			
First Name		Middle Initial			
Address					
Tel No.(ofc.)		Home			
Date of Birth	day	month	year		
Occupation			Self-employed		
Mobile			E-mail:		

2 Your personal details

OPTION REQUIRED	Standard Plan <input type="checkbox"/>	
	Executive Plan <input type="checkbox"/>	
	Super Executive Plan <input type="checkbox"/>	
	Magnum Plan <input type="checkbox"/>	
	Other (Please State) <input style="width:100%;" type="text"/>	
METHOD OF PAYMENT		
	6 Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>
	Cash remittance <input type="checkbox"/>	
	Cheque (made payable to AIICO MULTISHIELD LTD) <input type="checkbox"/>	
If you are sponsored by employer, please state the name of the organisation		
Preferred start date <input style="width:100%;" type="text"/>		

3 Your family's details-Please indicate all other dependants to be covered

Surname, First Name, Initials	Relationship to you Wife/Husband, Son/Daughter etc)	Date of Birth DD / MM / YYYY	Provider

Please include any additional dependants on a separate sheet and indicate that you have done so by ticking this box

4 Now please complete the confidential medical history section (overleaf)

5 Declaration

In view of this declaration, it is essential that complete information is supplied. Benefits will not be provided if you do not fully disclose any material facts which could influence our assessment and acceptance of this application. If you are in any doubt as to whether any facts are material, you should disclose them. You are advised to keep a record of all information you supply to us in connection with this application, including letters.

It is AIICO MULTISHIELD's intention to provide first class service to our members at all times.

However, if you do have any cause for dissatisfaction, please write to the Managing Director at AIICO MULTISHIELD, 322, Ikurodu Road. Anthony, Lagos. Tel: 08160000773, 08160000774, 08122259999, 08180000900, 07098767085-9, 0805MSHIELD(08056744353)
E-mail: info@alicomultishield.com

I agree that the option that I have indicated in section 2 above will be binding on one and all eligible dependants included in my membership and I acknowledge that there is no undertaking to cover any medical conditions in existence at the time I joined. I declare that to the best of my knowledge and belief, all the information I have provided in this Application Form is true and complete. On that basis I now apply for membership.

I understand that I have the option to change my provider which shall be effected within 6 weeks of notifying AIICO MULTISHIELD in writing.

Data Processing Notice

Medical information will be kept confidential and may be disclosed on a strictly confidential basis to those involved with your treatment or care or their agents. Anonymised data may, however be used by AIICO MULTISHIELD or disclosed to others for research or statistical purpose.

Access to non-medical information may be granted by AIICO MULTISHIELD to others on a strictly, confidential basis in the course of, and for the purpose of, the efficient management or improvement of our services.

In addition AIICO MULTISHIELD would on occasion, like to keep you informed of products and services which it considers may be of interest to you. No medical information will be disclosed to others for this purpose and non-medical information will be disclosed on a strictly confidential basis.

Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Signature	Date
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