CELLMED HEALTH
MEDICAL FUND

BABY HAMPER BENEFIT
RECEIPT FORM

RECIPIENT ACKNOWLEDGEMENT

I _____ ID Number: _____

hereby acknowledge receipt of baby hamper from Cellmed.

Mother's name:

Child's name:

Membership No.:

Date: dd/mm/yyyy

Signature SIGN HERE

FOR OFFICIAL USE ONLY

Full name:

Designation

Date: dd/mm/yyyy

Signature SIGN HERE

STAMP:

CELLMED HEALTH
MEDICAL FUND