



STOP ORDER FACILITY FORM

I _____ hereby apply for STOP ORDER in favour of
Cellmed Health Medical Fund.

I hereby authorize and request ZESA Holdings to deduct from my salary each month in advance, the required subscriptions and shortfalls (if any) as maybe AUTHORIZED by Cellmed Health Medical Fund. Such deductions are to be remitted to Cellmed Health Medical Fund through its bankers. I also agree to the terms and conditions as prescribed in the Cellmed Rules, including increases in subscriptions.

Surname:

Forename(s):

Employee number:

(as it appears on payslip)

Station:

Code:

Amount:

Remarks

Customer Signature:

SIGN HERE

Date:

dd/mm/yyyy

RECEIPT

Full name:

Signature

SIGN HERE

Designation

Date:

dd/mm/yyyy

