

# Corporate

# Membership Form

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Please type or write in CAPITAL LETTERS

CORPORATE MEMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BRN NO: \_\_\_\_\_

We are a member of Business Mauritius and hereby apply for Corporate Membership to **MoSanté** as from:

1st \_\_\_\_\_ 20 \_\_\_\_\_

We agree to be bound by the rules thereof and by the Bye-Laws/Terms and Conditions of the **Business Mauritius Provident Association** to which our employees will adhere with our authorisation. We hereby **accept to pay** to the Association the total contribution on behalf of the said employees and we enclose our cheque for the first month's contribution (including the purchase of three  \*months waiting period\*) amounting to Rs \_\_\_\_\_

\* Tick if applicable.

We hereby declare that we shall take adequate steps to **ensure** that, **all information** provided by our employees are correct and appropriate. The benefits to be provided for the beneficiaries are as per details annexed.

Authorised signatory of Corporate Member: \_\_\_\_\_

Once completed, please send this form to:

Email: [mosante@medschemeinternational.com](mailto:mosante@medschemeinternational.com)

The rules of the Association may be examined upon request.



Business Mauritius Provident Association (BMPA) c/o Medscheme (Mfius) Limited (BRN :C07003574)  
Level No 1, Tower A, 1 Exchange Square, Wall Street, Ebene, 72201



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[www.mosante.org](http://www.mosante.org)