

For company use – intermediary details and stamp

Intermediary company:	Fax number:
Contact name:	Email address:
Telephone number:	Official stamp:

Please complete this form in BLOCK CAPITALS and send it to **Us** via **Your** intermediary, or direct to AXA Insurance (Gulf) B.S.C. (c), PO Box 502163, Dubai, UAE. **You** can also scan and email it to MEAService@now-health.com or fax it to +971 (0) 4450 1430.

Section 1: Planholder's details

First name(s):	Family name:
Membership number:	

Section 2: What would You like to change?

Family name <input type="checkbox"/>	Address <input type="checkbox"/>	Email address <input type="checkbox"/>
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Family name

Old name:	New name:
Date the change to take effect from (dd/mm/yyyy): / /	

Please note that **We** need a copy of the official document e.g. marriage certificate to update **Our** records

Address

Old address:
New address:
Date the change to take effect from (dd/mm/yyyy): / /

Email address

Old email address:	New email address:
Date the change to take effect from (dd/mm/yyyy): / /	

Now Health International may contact **You** with details of other products and services which may be of interest to **You**. **You** may be contacted by post, telephone or email if appropriate. If **You** do not wish this to happen please tick this box .

By signing this form **You** consent to the processing and transfer of information (including sensitive information) described in this notice. Without this consent **We** will not be able to consider **Your** application.

Signature (Insured/main applicant):

Date (dd/mm/yyyy):

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