

Please complete this form in BLOCK CAPITALS.

Please send your completed application form to Now Health International (Singapore) Pte. Ltd., 4 Robinson Road, #07-01A/02 The House of Eden, Singapore 048543. You can also scan and email it to SingaporeService@now-health.com or fax it to +65 6220 6950.

Plans are underwritten by Sompo Insurance Singapore Pte. Ltd.

Section 1: Medical facility details

1.1 Full name of medical facility:

1.2 Registered address:

1.3 Website address:

1.4 Type of medical facility:

Section 2: Medical provider relationship details

2.1 Responsible person for application:

First name(s):

Family name:

What do you like to be called?

(If your full name is John Andrew Smith, you might like to be called John or Mr Smith or Andy. We will address all correspondence to you in this way.)

2.2 Telephone:

2.3 Fax:

2.4 Email:

Section 3: Medical provider contact details

3.1 Contact person for future business operation (if different from Section 2)

First name(s):

Family name:

What do you like to be called?

(If your full name is John Andrew Smith, you might like to be called John or Mr Smith or Andy. We will address all correspondence to you in this way.)

3.2 Telephone:

3.3 Fax:

3.4 Email:

Section 4: Declaration

We declare that answers and statements given in this application are accurate to the best of our knowledge and undertake to inform Now Health International (Singapore) Pte. Ltd. of any material change of circumstances promptly.

Signature:

Date (dd/mm/yyyy):

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Now Health International (Singapore) Pte. Ltd.(No.201317502C) is a general insurance agent of Sompo Insurance Singapore Pte. Ltd. and is registered with the Agents' Registration Board of the General Insurance Association of Singapore (GIA).

Registered at 16 Raffles Quay #33-03 Hong Leong Building Singapore 048581.

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