

Please complete this form in BLOCK CAPITALS.

Please send your completed application form to Now Health International (Asia Pacific) Limited, Unit 3301A, 33/F, AIA Tower, 183 Electric Road, North Point, Hong Kong. You can also scan and email it to AsiaPacService@now-health.com.

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 (Asia Pacific) Limited of any material change of circumstances promptly.

Signature:

Date (dd/mm/yyyy):

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Plans issued in Hong Kong are underwritten by AXA General Insurance Hong Kong Limited and arranged by Now Health International (Asia Pacific) Limited.

Registered address: Unit 3301A, 33/F, AIA Tower,
183 Electric Road, North Point, Hong Kong.

Insurance Agent Registration Number: 10974559.

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