

The Building & Construction Industry Medical Aid Fund

Reference no. 1590. Registered in terms of the Medical Schemes Act no. 131 of 1998



Employer Details For Registration

Thank you for your interest in participation with BCIMA. To enable us to enter your company details on our system, the following information is required:

Name of company:	<input type="text"/>											
Company trading as:	<input type="text"/>											
Directors:	<input type="text"/>											
	<input type="text"/>											
Company registration no.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or Council reference no.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address:	<input type="text"/>											
	<input type="text"/>										Code:	<input type="text"/>
Physical address:	<input type="text"/>											
	<input type="text"/>										Code:	<input type="text"/>
Contact person:	<input type="text"/>											
Tel no.:	Direct:	<input type="text"/>				Office:	<input type="text"/>					
	Cell:	<input type="text"/>				Fax:	<input type="text"/>					
	E-mail:	<input type="text"/>										

Authorised signature

Date:

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Be assured of our sincere co-operation at all times.

Kind regards

Yolandé Disney
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