



**MOPANI COPPER MINES PLC
MEDICAL DEPARTMENT
FM-ME-574
MEDICAL SCHEME REGISTRATION FORM - CORPORATE**

CORPORATE REGISTRATION FORM

DETAILS OF COMPANY

NAME OF COMPANY	
COMPANY REGISTRATION NUMBER	
CONTACT DETAILS	
EMAIL ADDRESS	
PHYSICAL ADDRESS	
HUMAN RESOURCE MANAGER - CONTACT DETAILS	
NUMBER OF PEOPLE TO BE ON THE SCHEME	

Please attach list of employees with the following information;

- ✓ **Date of Birth**
- ✓ **NRC Number**
- ✓ **Employee ID Number**
- ✓ **Mobile Number**
- ✓ **Physical Address**
- ✓ **Email Address**

ACKNOWLEDGEMENT BY APPLICANT

I acknowledge that the information given above is correct.

Name: Sign: Date:

FOR OFFICIAL USE

Application Receive by: Sign: Date:

DOCUMENT NO.	REVISION	REF. DOCUMENT	ISSUE DATE	PAGE
FM-ME-574	1.0	OPM-ME-001	21 ST MAY,2021	1 OF 2



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VERIFICATION by SENIOR / HOSPITAL ADMINISTRATOR

COMMENT

Name: Sign: Date:

MEDICAL MANAGER / MEDICAL SUPERINTENDENT APPROVAL (Tick)

Approved Rejected

Reason for Rejections:

Name: Sign: Date:

CLIENT COMMUNICATION

Client informed by: Phone Email Official Letter

Name: Sign: Date:

ACCOUNTANT / CASHIER

Mode of Payment: Cash Cheque Telegraphic Transfer Other:.....

Amount paid: Name: Sign:
Date:

HMIS SYSTEM REGISTRATION

Registration completed by: ID No.:

Date: Signature:

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