

GROUP MAINTENANCE

Please check all details, then complete the relevant areas of the form and return it to:
 BSP Health Care (Fiji) Limited, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
 Telephone 331 7000 Call Centre 132 700 Facsimile 330 8955 Web www.bsplife.com.fj



PLEASE READ THESE NOTES:

- This form is to be completed to change group details information only.
- A Certificate of Registration must be submitted with the form to change the legal name of the group.

Section A: Policy Details

Group Name:

Group Identification Number:

Section B: Company Details (Complete in this section the new details for the Group where applicable only)

Group Name:

Authorised Contact Person/Broker Name:

Title:

First Name:

Middle Name:

Last Name:

Authorised Contact Person Position:

Consent to communicate electronically? Yes No

Email Address: (List all email addresses for communication purposes)

Postal Address:

Post Office Box:

Suburb/Region:

Town/City/District:

Post Code:

Country:

Physical Address:

Street Address:

Suburb/Region:

Town/City/District:

Post Code:

Country:

Contact Details:

Home Phone:

Mobile Phone:

Facsimile:

Billing

Billing Frequency (Select one)

Weekly

Fortnightly

Semi monthly

Monthly

Quarterly

Semi annual

Annual

New Anniversary Date:

For Office Use Only

Checklist: Impress received stamp on the form.

The form must reviewed for completeness.

Action Taken:

Name

Signature

Date

Received by:

Authorised by: