

## DECLARATION FOR APPLICANTS WHO OPT TO PAY MONTHLY OR QUARTERLY INSTALLMENTS

Bupa Customer Number: \_\_\_\_\_

I understand and confirm that my Bupa Membership is an annual contract for twelve months commencing on the date of joining or renewal date shown on the Membership certificate and, unless written notification is given by me and accepted by the company, continues for subsequent annual renewals.

Payment of the subscription is being made by monthly/quarterly installments for the duration of the contract.

Subject otherwise to the terms and conditions of my membership as stipulated in the relative scheme rules/membership guide.

Name of applicant: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Application/Notification date: \_\_\_\_\_

Signature: \_\_\_\_\_