

AFRICAN SKY HEALTH SERVICES: CLIENT REGISTRATION FORM

Fax to:	Yolandi Zammit
Fax Number:	086 530 4931 OR
e-mail	landi@afsky.co.za

CLIENT details

Company name (as you want it to appear on your Tax Invoice)

Postal Address	Physical Address

Postal Code		Postal Code	
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Telephone number	
VAT Registration number	
Company order number*	

Contact person (Operational)

Surname & name	
Occupation title e.g. Factory Manager	
Telephone number	
Fax number	
E-mail	

Contact person (Accounts)

Surname & name	
Occupation title e.g. creditors clerk	
Telephone number	
Fax number	
E-mail	

Please tick : Customer accepts electronic invoices and statements Yes No

Services required

Do you require any of the following medicals (if you are not sure what you need, let us know – we will assist)	Standard medical with audio at Jacobs office	Yes <input type="checkbox"/>	Qty:	
	Standard medical NO audiogram	Yes <input type="checkbox"/>	Qty:	
	Standard medicals on site (min of 10)*	Yes <input type="checkbox"/>	Qty:	
	Driver Medicals	Yes <input type="checkbox"/>	Qty:	
	Working At Heights Medical	Yes <input type="checkbox"/>	Qty:	
	Lead Medicals	Yes <input type="checkbox"/>	Qty:	
	Heat Stress Medical	Yes <input type="checkbox"/>	Qty:	
	Spirograms only (must have in house OHNP)	Yes <input type="checkbox"/>	Qty:	
Audiograms only (available at Jacobs office only)	Yes <input type="checkbox"/>	Qty:		

Other – please specify			
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*** for onsite medicals, please state area**

**Payment due within in 30 days from date of invoice
Paypoint (debit & credit card) facilities available at our JACOBS office**

*Please note that African Sky Health Services do not require order numbers. Clients will be invoiced irrespective of an order number received or not. The responsibility to issue an order number is the responsibility of the client (it is not the responsibility of African Sky Health Services to get an order number)