

Indus Health Plus (P) Ltd.
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indus health
 PLUS
 The Preventive Health Checkup Specialist



FORM A cum BENEFICIARY CHANGE FORM

CD Details:

Date:

Last Name	First Name	Middle Name

having paid for the service offered by your Company

- would like to avail the applicable check up myself*
- hereby authorize my below mentioned family member / acquaintance to avail of the applicable health check up*

Name of the Beneficiary		
Gender	Male	Female
Date of Birth	Age	
Address of Beneficiary		
	Contact No.	
Signature of Beneficiary		

I.D. No. of CD

Signature of CD

(FOR OFFICE USE ONLY)

Appointment for Mr. / Ms. _____ has been fixed as under:

* All Tests on _____ at _____

For Indus Health Plus Pvt. Ltd.

(Authorised Signatory)