

CUSTOMER SERVICE REQUEST FORM FOR CORPORATE

INSTRUCTIONS

1. Complete ALL information requested below.
2. Use separate form for each family member.
3. Please keep a copy for your records.

Name :	Customer ID :
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REQUEST FOR SERVICE

(Please tick the applicable option)

1.	Pre-Employment Check ups	
2.	Annual Health Checkup	
3.	Health Sessions	
4.	Doctor On Site	
5.	Yoga session	
6.	Stress management Program	
7.	Ergonomics check	
8.	Others (please describe)	

Authorized member: - Member ID:

Name and sign: