

Application for On-line Access

Please type within the fields provided and then print, sign and fax this form to The Administrator.

FAX TO: The Administrator
Attention: WEB Registration
Fax: (031) 5800485

Name:	_____
Member Number:	_____
Practice Number:	_____
Group Number:	_____ (If applicable)
Intermediary Number:	_____ (If applicable)
Home Telephone Number:	_____
Work Telephone Number:	_____
Fax Number:	_____
E-mail Address:	_____
Preferred User Name:	_____

(If you do not stipulate your preferred User Name, the Webmaster will allocate a unique User Name on your behalf.)

Group Members:	Please ask your Human Resources or Finance Manager to verify the details and then sign and stamp the form with the Company Stamp.
Individual Members:	Please be aware that if you are applying for individual member access, you only need supply your member number. After verifying your details, we will allocate you a password to use in conjunction with this User Name. We will then email you your registered User Name and Password.

I accept that The Administrator will not in any way be responsible or liable for any claims of any nature whatsoever made by anyone (myself included) which arise as a result of my failing to keep my password and User Name secure and confidential to myself. I indemnify The Administrator and hold it harmless against any such claims. I understand that this service may not be available 24 hours a day.

Signed: _____ Date: _____

Company Stamp:

HR Officer / Finance Manager Signature