



YOUR DETAILS

I want to choose the following health plan:

- 1. Stroke Action Advantage []
- 2. Stroke Action Basic []
- 3. Stroke Action Comprehensive []
- 4. Stroke Action Enhanced []

NAME: _____

ADDRESS: _____

TEL: _____

EMAIL: _____

PAYMENT METHOD & AMMOUNT:

1. By Cash: N_____

2. BY Cheque: N_____

3. By Bank Transfer to: _____

Diamond Bank Account No. 0029726120

[REFERENCE: Quote your Name & Telephone Number]