

			\$	%	%	%					
	DO NOT WRITE ON THIS LINE		\$	\$	\$	\$					

**SCHEDULE XV**

*Regulation 16*



***MEDICAL BENEFITS SCHEME***

**DECLARATION**

Name:

Registration Number:

Type of Business (if changed):

Address:

Telephone Number:

Statement for the year 20.....

Attachments (please list here if applicable):

I ..... declare the above information to be true and  
(please print)

correct.

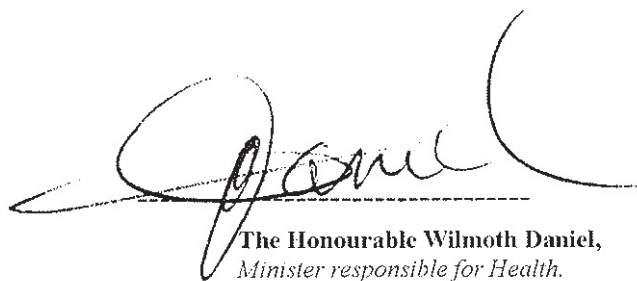
.....

Signature

.....

Date

Made the 29<sup>th</sup> day of April, 2011.



**The Honourable Wilmoth Daniel,**  
*Minister responsible for Health.*