

# GROUP SOLUTIONS

Thank you for taking the time to fill out this questionnaire.  
Please complete and email to [liesl@cmacldp.co.za](mailto:liesl@cmacldp.co.za) and we will get back to you asap.

1. Company Name	<input type="text"/>		
2. Address	<input type="text"/>		
	<input type="text"/>		
3. Contact Number	<input type="text"/>		
4. CEO/Owner's name:	<input type="text"/>		
Email Address	<input type="text"/>		
5. HR Manager's name:	<input type="text"/>		
Email Address	<input type="text"/>		
6. Will this cover be compulsory for every employee?	Yes	No	
7. Number of employees?	<input type="text"/>		
8. Please indicate your interest:	Day-to-day Cover	Yes	No
	Hospital Cash Back	Yes	No
	Accident and Trauma	Yes	No
	Funeral Cover	Yes	No

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Kind Regards

**Liesl du Plessis**  
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