



proven in travel health
respected for more

Corporate Application Form

Please complete and send to b2b@masta.org.
Upon completion a member of our b2b team will contact you with further details.

Company Name:

Address:

Contact Name:

Position:

Phone Number:

Email:

Please arrange for central billing of fees for the supply of Travel and Occupational Health Services to my organisation.
Invoices should be sent to:

I confirm that my organisation will pay for fees incurred in supplying services.

Signed:

Date:

1. A full list of employees names supplied with health services will be rendered with the monthly account.
2. Terms are strictly 30 days.

Services required:

Travel

Non Travel (Including Blood tests)

Registered Office:
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