



Prescription Alert Verjarings-Waarskuwing

Administered by Attorneys Insurance Indemnity Fund
(Non-Profit Company)

To register, please Fax, Mail or Docex this registration form to:

**Prescription Alert
Attorneys Insurance Indemnity Fund
P O Box 3062
CAPE TOWN
8000**

Date: _____

Help Line: (021) 422 2830

Fax: (021) 426 5372

(021) 423 6913

Postal Address: P O Box 3062

Cape Town, 8000

Docex: 149, Cape Town

Website: www.aiif.co.za

Firm Registration

For AIIF internal use only: _____

Firm Number: _____

Do you require a regular summary of claims?
(Circle the appropriate response) YES / NO
If Yes, To whom must it be addressed?

Full Name of Firm: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Postal Code: _____

Telephone 1: () _____

Fax 1: () _____

Telephone 2: () _____

Fax 2: () _____

Docex: _____

Email Address: _____ (this email address is for summary purposes only)

DISCLAIMER: "Prescription Alert" is a backup information service only and is used entirely at the subscriber's own risk.