

APPLICATION FOR MEMBERSHIP

If you wish to apply for membership of the Scheme, please sign and return the enclosed duplicate copy of this letter.

SignedEve Hall..... NameEVE HALL.....

(Authorised signatory of PRN MEDICAL TRANSCRIPTION LIMITED)

I apply for membership. I agree to abide by the terms of this letter and the Rules.

SignedJan Stafford..... Name: JAN PATRICIA STAFFORD

Date31/01/11.....

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Signed Eve Hall Name EVE HALL

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Signed David James Bijl Name: DAVID JAMES BIJL
Date 31/01/2011

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Signed David J. Bijl Name David J. Bijl
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Signed Eve Hall Name: EVELYN MARGARET HALL
Date 31/01/2011