**Cost rate per services template**

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| Name of company |  |

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| **Item/description** | **Programme/scheme offered** | **Cost per Month in MZN** |
| Membership staff (exc VAT) |  |  |
| Membership family members (exc VAT) |  |  |
| Other fees (please specify) |   |  |

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| Please indicate the benefits **subject to pre-authorization** |

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| Please indicate the benefits that are **not subject to reimbursement limits (unlimited benefits)** |

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| Other important information not already mentioned above |