

Remittance Details:

If the beneficiary and the bank are in different countries, the [KYC form](#) needs to be completed and sent to Gard together with this form, as well as a dated Statement from the beneficiary bank confirming that the Beneficiary is the sole holder of the bank account.

Beneficiary Name	
Beneficiary Address (full)	
Beneficiary Company's Organization Number.	
Account Number	
Bank Name	
Bank Address (full)	
Bank's SWIFT CODE	
Receiver of Payment Confirmation (E-mail address)	

Notes to the Members :

Members enrolled in the program to combine and collate invoices from the three appointed clinics over a quarterly period and submit the claim using the [PEME claim form](#) once medical examination costs exceeds USD 3,000.

Claim to be submitted by the 15th of next month following quarter end. For example- Feb-Apr submission by 15th May, May-July submission by 15th August. Claim submissions are to be submitted at claimssupport@gard.no

Member to use the [XE exchange rate](#) on the date of clinic invoice for PHP-USD conversions .

Members should also attach all the supporting documents from the clinics with their invoices while submission.

The club shall reimburse 50% of the examination fee claimed.