

<b>HOOFID VOORLETTERS &amp; VAN/ MAIN MEMBER INITIALS &amp; SURNAME</b>		<b>MEDIESE FONDS/ MEDICAL AID</b>	
		<b>PLAN KEUSE/ PLAN CHOICE</b>	
<b>LEER NO/FILE NR: (FOR OFFICE USE)</b>		<b>LID NO/ MEMBER NR</b>	

<b>DEP NR</b>	<b>FULL NAME</b>	<b>SURNAME</b>	<b>ID NUMBER/DATE OF BIRTH FOR CHILDREN</b>	<b>CELL NR</b>
	Main Member:			
<b>ALLERGIES:</b>				
	Dependant:			
<b>ALLERGIES:</b>				
	Dependant:			
<b>ALLERGIES:</b>				
	Dependant:			
<b>ALLERGIES:</b>				
	Dependant:			
<b>ALLERGIES:</b>				
	Dependant:			
<b>ALLERGIES:</b>				
<b>E-MAIL ADDRESS:</b>				

**PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT:**

<b>TITLE</b>	<b>SURNAME</b>	<b>FIRST NAMES</b>	<b>INITIAL</b>	<b>ID NUMBER</b>

  

<b>Physical Address</b>		<b>Postal Address</b>		<b>Next of kin</b>	
<b>ADDRESS</b>		<b>ADDRESS</b>		<b>NEXT OF KIN</b>	
<b>CITY</b>		<b>CITY</b>		<b>NEXT OF KIN CELL NR</b>	
<b>SUBURB</b>		<b>SUBURB</b>		<b>ADDRESS</b>	
<b>POSTAL CODE</b>		<b>POSTAL CODE</b>		<b>CITY</b>	
<b>HOME TEL</b>		<b>CELL</b>		<b>SUBURB</b>	
<b>WORK TEL</b>		<b>FAX</b>		<b>POSTAL CODE</b>	

  

<b>OCCUPATION</b>		<b>WORK ADDRESS</b>	
<b>EMPLOYER</b>		<b>CITY</b>	
<b>TEL NR</b>		<b>POSTAL CODE</b>	

EK IS TEN VOLLE BEWUS DAT ALLE KORTBETALINGS GEMAAK DEUR MY MEDIESE FONDS,DEUR MYSELF BETAALBAAR IS.

I AM FULLY AWARE THAT I AM PERSONALLY RESPONSIBLE TO PAY ANY SHORTPAYMENTS MADE BY MY MEDICAL AID.

**SIGNED AT WITBANK ON \_\_\_\_\_ 20 \_\_**  
**(DAY) (MONTH) (YEAR) (SIGNATURE)**

*(DRS DE WAAL & SPOELSTRA (INC), C/O BEATTY & OR TAMBO ROAD FIRST FLOOR ROOM 105/6  
WITBANK, PRACTICE NR 1501542, TEL NR: (013) 656 6642*