

Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Is the newborn your biological child? Yes No or is the newborn adopted or fostered? Yes No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2.3 Surname

First name(s)

ID number

Date of birth Gender M F

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3. Parents' details

Mother's first name(s)

Surname

Father's first name(s)

Surname

I, (first name and surname) as the main member,

request that the newborn/s named on this form be registered as dependants on my Retail Medical Scheme membership. I also confirm that all the information supplied here is accurate and complete.

Please register your newborn with the department of Home Affairs within 21 days from birth. You can buy a shortened birth certificate from Home Affairs on the same day. You must give Retail Medical Scheme a copy of the birth certificate as soon as possible after the baby's birth.

Signed at (town or city) Date

Signature of main member

Please do not sign an incomplete application form

4. Approval from employer

Name

STAMP

Company stamp

Designation

Signature Date