



A) PERSONAL PARTICULARS OF MEMBER/PENSIONER

1. Pension No.										2. Title									
3. Surname																			
4. First name																			
5. Middle names																			
6. Maiden name																			
7. ID No.										8. Passport No.									
9. Date of birth										10. Income tax number									
11. Marital status										12. Date of marriage									

Single
 Married
 Divorced
 Widow/er
 Life Partner

B) PARTICULARS OF SPOUSE(S) / LIFE PARTNER

1. Surname												Date of birth							
First name												Date of marriage							
Middle names																			
Maiden Name												Marital type							
ID No.												Passport No.							
Relationship												Registered dependant of							
Status												medical aid scheme							
												<input type="checkbox"/> Yes							
												<input type="checkbox"/> No							
2. Surname												Date of birth							
First name												Date of marriage							
Middle names																			
Maiden Name												Marital type							
ID No.												Passport No.							
Relationship												Registered dependant of							
Status												medical aid scheme							
												<input type="checkbox"/> Yes							
												<input type="checkbox"/> No							
3. Surname												Date of birth							
First name												Date of marriage							
Middle names																			
Maiden Name												Marital type							
ID No.												Passport No.							
Relationship												Registered dependant of							
Status												medical aid scheme							
												<input type="checkbox"/> Yes							
												<input type="checkbox"/> No							
4. Surname												Date of birth							
First name												Date of marriage							
Middle names																			
Maiden Name												Marital type							
ID No.												Passport No.							
Relationship												Registered dependant of							
Status												medical aid scheme							
												<input type="checkbox"/> Yes							
												<input type="checkbox"/> No							

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER OR PENSIONER AND COMMISSIONER OF OATHS MUST INITIAL THIS PAGE

Member/Pensioner Initial

Commissioner of Oaths Initial



C) PARTICULARS OF OTHER DEPENDANTS

1. Surname											Date of birth	C	C	Y	Y	M	M	D	D
First name											Other Initials								
Relationship											Registered dependant of medical aid scheme	<input type="checkbox"/> Yes							
Status												<input type="checkbox"/> No							
2. Surname											Date of birth	C	C	Y	Y	M	M	D	D
First name											Other Initials								
Relationship											Registered dependant of medical aid scheme	<input type="checkbox"/> Yes							
Status												<input type="checkbox"/> No							
3. Surname											Date of birth	C	C	Y	Y	M	M	D	D
First name											Other Initials								
Relationship											Registered dependant of medical aid scheme	<input type="checkbox"/> Yes							
Status												<input type="checkbox"/> No							
4. Surname											Date of birth	C	C	Y	Y	M	M	D	D
First name											Other Initials								
Relationship											Registered dependant of medical aid scheme	<input type="checkbox"/> Yes							
Status												<input type="checkbox"/> No							

D) MEDICAL SCHEME PARTICULARS

1. PARTICULARS OF PREVIOUS MEDICAL SCHEME

1.a) Name of medical scheme

1.b) Scheme membership number

1.c) Scheme/package option name

1.d) Date on which membership was terminated C C Y Y M M D D

2. PARTICULARS OF NEW MEDICAL SCHEME OR CHANGES TO CURRENT SCHEME

2.a) Commencement date C C Y Y M M D D

2.b) Name of medical scheme

2.c) Scheme membership number

2.d) Scheme/package option name

2.e) Total number of years in Government Service to be recognised Y Y M M

E) PERSON'S CONTACT DETAILS (Both postal and residential addresses must be supplied)

1. Preferred contact Postal Fax Email

2. Postal address

3. Residential address

4. Tel No. C O D E

5. Fax No. C O D E

6. Cell No.

7. Email address

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Pensioner

Commissioner of
Oaths Initial

