



**DETAILS OF NEWBORN/CHILD**

Account No: \_\_\_\_\_ (for office use)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Individual Dependent Code at Fund: \_\_\_\_\_

**Other Children on Our Records**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**MEDICAL AID DETAIL** (if applicable)

**AUTHORISATION NUMBER** (if applicable):

Name of Fund: \_\_\_\_\_ Option: \_\_\_\_\_ Member Number: \_\_\_\_\_

Main Member: \_\_\_\_\_ ID Number: \_\_\_\_\_

**PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT**

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_ ID Number: \_\_\_\_\_

Postal/Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Email Address** (for communication purposes):

Home Tel No: \_\_\_\_\_ Mobile (Mom): \_\_\_\_\_ Mobile (Dad): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Address and Code: \_\_\_\_\_

Work Tel and Code: \_\_\_\_\_

**CHILD'S MOTHER**

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Surname (if different): \_\_\_\_\_

**CHILD'S FATHER**

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Surname (if different): \_\_\_\_\_

**RELATIVE/FRIEND** (That can be contacted in emergencies)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel and Code: \_\_\_\_\_

Address: \_\_\_\_\_

**FAMILY DOCTORS**

Referring Dr: \_\_\_\_\_ GP: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

- I confirm that the above information is correct and agree to notify any change within 14 days and to supply new data accordingly.
- I take full responsibility for the account.
- I agree to pay all money not paid by my medical aid.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_