

Contact us

Tel: 0800 BANKMED (0800 226 5633) • Private Bag X2, Rivonia 2128 • www.bankmed.co.za

Baby-and-Me enrollment form

Your personal and medical details

How to complete this form

Please send us the completed and signed form by:

1. E-mail babyandme@bankmed.co.za or
2. Fax to **011 529 6485**

Alternatively you may contact us on 011 529 7227.

Personal information

Membership number	<input type="text"/>																								
Surname	<input type="text"/>																								
Name	<input type="text"/>																								
ID number	<input type="text"/>																								
Physical address	<input type="text"/>																								
																						Postal code	<input type="text"/>		
Tel (H)	<input type="text"/>												Tel (W)	<input type="text"/>											
Cell number	<input type="text"/>																								
E-mail	<input type="text"/>																								
Age	<input type="text"/>																								
Marital status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>																			
Your occupation	<input type="text"/>																								

Your expected date of delivery - -

First day of last menstrual period - -

Thank you for completing this questionnaire

Kindly note that all information supplied on this form will be treated as confidential and will be used for the purpose of the Baby-and-Me Programme only.

Declaration

I declare that the above statements are full, complete and true, and agree that this information shall form part of my application to Bankmed Medical Scheme.

Signature of main applicant

Date - -

Original hand signature required

Please do not sign an incomplete application form