

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"/>																								
	<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	D	D	M	M	Y	Y	Y	Y																	
First day of last menstrual period	D	D	M	M	Y	Y	Y	Y																	

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