

# NEW BORN REGISTRATION AND TERMINATION OF DEPENDANT

Please    
 Termination of dependant membership   
 Registration of births

Please complete all the relevant sections in BLOCK LETTERS. Please ensure that the following documentation accompanies your application.  
 • A copy of your birth certificate

MEMBERSHIP NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 1**

TO BE COMPLETED BY PRINCIPLE MEMBER OF THE SCHEME

MEMBER SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MEMBER NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 2**

DEPENDANT DETAILS

DEPENDANT SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DEPENDANT NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--

EFFECTIVE DATE

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

**SECTION 3**

EMPLOYER DETAILS

HUMAN RESOURCE CONTACT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TELEPHONE NO.

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

FAX NO.

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

E-MAIL ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSTAL ADDRESS

													CODE						

Company Stamp

**SECTION 4**

MEMBER DECLARATION

I, \_\_\_\_\_ (account holder's full name) the undersigned, declare that:  
 a. I understand that Medshield will rely upon the facts set out herein for the accurate loading of details. I understand and accept that should any details contained herein prove to be incorrect, or should I fail to inform Medshield of any subsequent change to the details, Medshield will not be held responsible

\_\_\_\_\_  
 Principal Member Signature

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Completed form must be faxed to 010 597 4708 or submitted via e-mail to membership@medshield.co.za .