

**APPLICATION FORM**

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| MEMBERS NAME |  |
| MEMBERS D.O.B |  |
| MEMBERS FULL ADDRESS |  |
| MEMBERS’ CONTACT TELEPHONE NUMBER |  |
| MEMBERS’ EMAIL ADDRESS |  |
| NAME OF SPOUSE IF APPLICABLE |  |
| SPOUSE D.O.B |  |
| NAME AND D.O.B OF CHILD NO. 1 |  |
| NAME AND D.O.B OF CHILD NO. 2 |  |
| NAME AND D.O.B OF CHILD NO. 3 |  |
| NAME AND D.O.B OF CHILD NO. 4 |  |
| NAME AND D.O.B OF ANY FURTHER CHILDREN |  |
| ANY PRE-EXISTING HEALTH CONDITION (THIS FIELD IS MANDATORY) |  |
| HAVE YOU OR ANY MEMBER OF YOUR FAMILY COVERED UNDER THIS SCHEME BEEN DIAGNOSED WITH A SERIOUS / TERMINAL ILLNESS |  |
| IN THE EVENT OF MY DEATH MY KEY CONTACT’S DETAILS ARE: |  |
| DECLARATION | I HEREBY CONFIRM ALL INFORMATION GIVEN IS CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION WILL RESULT IN MY NAME BEING REMOVED FROM THIS SCHEME |
| MEMBERS SIGNATURE |  |
| DATE |  |

All your information will be kept in the strictest confidence and will not be shared with any 3rd party in accordance with the Government’s GDPR Rules and Regulations.

Our ICO Registration No. ZA797653