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 to **babyandme@bankmed.co.za**
2. Alternatively, you may contact us on **0800 BANKMED (0800 226 5633)**

Personal information

Membership number	
ID or passport number	
Surname	
First name(s) (as per identity document)	

Physical address

Suite/Unit number	Complex name
Street number	Street number
Suburb	Postal code
Telephone (H)	Telephone (W)
Cellphone	
E-mail	
Age	
Marital status	Single Married Divorced
Your occupation	
Expected date of delivery	D D M M Y Y Y Y
First day of last menstrual	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.

Signature of main applicant

Date D D M M Y Y Y Y

Please do not sign an incomplete application form