



Adult  Child

**2** Surname (if different from principal member)

First name/s

Relationship to principal member  Date of birth

ID or birth certificate number

Adult  Child

**3** Surname (if different from principal member)

First name/s

Relationship to principal member  Date of birth

ID or birth certificate number

Adult  Child

**4** Surname (if different from principal member)

First name/s

Relationship to principal member  Date of birth

ID or birth certificate number

Adult  Child

**5** Surname (if different from principal member)

First name/s

Relationship to principal member  Date of birth

ID or birth certificate number

**Section 6 BANK DETAILS OF PRINCIPAL MEMBER (FOR REFUNDS)**

Name of account holder

Name of bank

Branch code  Branch name

Account number  Account type

**Section 7 ACKNOWLEDGEMENT AND DECLARATION**

I acknowledge that:

1. I am aware that once I have decided to move to Bonitas Medical Fund, for which provision has been made by my employer, I will not be allowed to move to another scheme during the current financial year.
2. **The onus rests with me to ensure that my application is submitted to my Human Resources Department.**
3. I am bound by the Rules of the Fund and the Terms and Conditions of membership as agreed by my employer and Bonitas Medical Fund.
4. Copies of all relevant documents such as birth certificates, identity documents, marriage certificates and legal or court documents relating to the registration of dependants are attached.

Signed at \_\_\_\_\_ Signature of principal member \_\_\_\_\_ Date \_\_\_\_\_

