## **CONFIRMATION OF DEPENDANT CONTACT DETAILS**



1. ADULT DE	PEN	DAN	IT CO	1. ADULT DEPENDANT CONTACT DETAILS																				
Title	Membership number																							
First name																								
Surname																								
ID number (passport number for non-SA citizens)																				Gender		M	F	
Country of issue	e													Date of birth				D	M	M	Υ	Υ	Υ	Υ
Dependant cellphone numb	er [																							
Email address																								
If you do not provide us with your adult dependants' contact details, we will accept that you wish to continue to receive all information relating to them on their befand that you have obtained their consent to do so. Accordingly, you indemnify us against any claims by your adult dependants for any alleged breach of confidential Relationship to principal member (Indicate with an 'X')  Spouse/common-law spouse  Partner/fiancé  Child																								
If other, please specify relationship:																								
Address where	posta	l corre	spond	lence v	will be	sent																		
Address																								
Street																								
Suburb																								
Town/city																			Postal	code				

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