

CONFIRMATION OF DEPENDANT CONTACT DETAILS



1. ADULT DEPENDANT CONTACT DETAILS

Title	<input type="text"/>	Membership number	<input type="text"/>
First name	<input type="text"/>		
Surname	<input type="text"/>		
ID number (passport number for non-SA citizens)	<input type="text"/>	Gender	<input type="text"/> M <input type="text"/> F
Country of issue	<input type="text"/>	Date of birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Dependant cellphone number	<input type="text"/>		
Email address	<input type="text"/>		

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 behalf and 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 confidentiality.

Relationship to principal member (Indicate with an 'X')

<input type="checkbox"/> Spouse/common law spouse	<input type="checkbox"/> Partner/fiancé	<input type="checkbox"/> Child	<input type="checkbox"/> Other
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If other, please specify relationship: _____

Address where postal correspondence will be sent

Address	<input type="text"/>																
Street	<input type="text"/>																
Suburb	<input type="text"/>																
Town/city	<input type="text"/>												Postal code	<input type="text"/>			