

# NUFAWSA SICK BENEFIT SOCIETY NEW MEMBER APPLICATION FORM

OPTION:  Select Option  Standard Option JOIN DATE: 

D	D	M	M	Y	Y	Y	Y
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*(Proof of income required)*

## MEMBER DETAILS

TITLE:  INITIALS:  SURNAME:

NAME (s):

GENDER:  M  F ID OR PASSPORT NO:

NATIONALITY:

CELL NUMBER:  WORK NUMBER:

EMAIL:

ADDRESS:   
 CODE:

## DEPENDANT DETAILS

NAME	SURNAME	GENDER	RELATIONSHIP TO MEMBER	DATE OF BIRTH
		M	F	D D M M Y Y Y Y
		M	F	D D M M Y Y Y Y
		M	F	D D M M Y Y Y Y
		M	F	D D M M Y Y Y Y

*NB: Copies of your ID, your dependant's ID or birth certificates and affidavits are required.*

## MEDICAL DECLARATION

Do you or your dependants have any medical condition? *(If yes, please provide details below)*  Yes  No

DEPENDANT	DETAILS

*NOTE there will be waiting periods imposed on pregnancy, optometry and dentistry. 3 Month general waiting period will also apply.*

I, \_\_\_\_\_, hereby certify that to the best of my knowledge, as at the date of this application, that the above information is true and correct. I further agree to familiarise myself with the benefits I am entitled to and to abide by the rules and regulations of the Society as may be amended from time to time.

SIGNED AT:  ON: 

D	D	M	M	Y	Y	Y	Y
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MAIN MEMBER SIGNATURE:

## EMPLOYER SECTION

EMPLOYER NAME:  CONTACT NO:

SHOP STEWARD:  CELL NO:

SIGNED AT:

ON: 

D	D	M	M	Y	Y	Y	Y
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EMPLOYER SIGNATURE:

Employer's Official Stamp

