

**Person responsible for Account (Main Member ) | Persoon verantwoordelik vir die rekening (Hooflid )**

|                            |  |  |  |  |  |  |  |  |  |                |  |                 |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|----------------|--|-----------------|--|--|--|--|--|
| Surname<br>Van             |  |  |  |  |  |  |  |  |  |                |  |                 |  |  |  |  |  |
| Full name<br>Volle naam    |  |  |  |  |  |  |  |  |  |                |  |                 |  |  |  |  |  |
| First name<br>Noemnaam     |  |  |  |  |  |  |  |  |  | ID no<br>ID nr |  |                 |  |  |  |  |  |
| Employer<br>Werkgewer      |  |  |  |  |  |  |  |  |  |                |  |                 |  |  |  |  |  |
| Postal address<br>Posadres |  |  |  |  |  |  |  |  |  |                |  |                 |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |  |                |  | Code<br>Kode    |  |  |  |  |  |
| Home address<br>Woonadres  |  |  |  |  |  |  |  |  |  |                |  |                 |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |  |                |  | Code<br>Kode    |  |  |  |  |  |
| Tel (w)                    |  |  |  |  |  |  |  |  |  |                |  | Tel (h)         |  |  |  |  |  |
| Tel (c)                    |  |  |  |  |  |  |  |  |  |                |  | E-mail<br>E-pos |  |  |  |  |  |

|                         |  |  |  |  |  |  |  |  |  |                |  |         |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|----------------|--|---------|--|--|--|
| Surname<br>Van          |  |  |  |  |  |  |  |  |  |                |  |         |  |  |  |
| Full name<br>Volle naam |  |  |  |  |  |  |  |  |  |                |  |         |  |  |  |
| First name<br>Noemnaam  |  |  |  |  |  |  |  |  |  | ID no<br>ID nr |  |         |  |  |  |
| Employer<br>Werkgewer   |  |  |  |  |  |  |  |  |  |                |  |         |  |  |  |
| Tel (w)                 |  |  |  |  |  |  |  |  |  |                |  | Tel (c) |  |  |  |

**Children | Kinders**

| Full name (Please complete in the space provided below)<br>Volle naam (Voltooi asb in die spasie voorsien hieronder) | First name<br>Noemnaam | Date of birth<br>Geboortedatum |   |   |   |   |   |
|--|------------------------|--------------------------------|---|---|---|---|---|
| (1)  |                        | D                              | D | M | M | Y | Y |
| (2)  |                        | D                              | D | M | M | Y | Y |
| (3)  |                        | D                              | D | M | M | Y | Y |

**Medical aid | Mediese fonds**

|   |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|
| Name of Medical aid<br>Naam van Mediese fonds |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |
| Option<br>Opsie                               |  |  |  |  |  |  |  |  |  | Number<br>Nommer |  |  |  |  |  |

**Nearest family member or friend | Naaste familielid of vriend**

|                            |  |  |  |  |  |  |  |  |  |                             |  |              |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|-----------------------------|--|--------------|--|--|--|--|--|
| Name<br>Naam               |  |  |  |  |  |  |  |  |  | Relationship<br>Verwantskap |  |              |  |  |  |  |  |
| Employer<br>Werkgewer      |  |  |  |  |  |  |  |  |  |                             |  |              |  |  |  |  |  |
| Postal address<br>Posadres |  |  |  |  |  |  |  |  |  |                             |  | Code<br>Kode |  |  |  |  |  |
| Tel (w)                    |  |  |  |  |  |  |  |  |  |                             |  | Tel (h /c)   |  |  |  |  |  |

- I/we grant permission to access any information (including a credit bureau check) in order to assess my/our application and further grant permission to give the credit bureau details relating to the payment of my/our account.
- I undertake to promptly pay the account and interest on overdue account received from this practice.
- Should I fail to pay my account, I undertake to pay legal costs, attorney/client fees and tracing costs relating to the recovery of the outstanding professional services rendered and medicines dispensed.
- I also undertake to inform the practice of any change of my address and medical fund details.

Signature \_\_\_\_\_ Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

  
Handtekening \_\_\_\_\_ Datum

