

# SAMWUMED

Real Heritage. Real People. Real Health Care.

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## APPLICATION TO DE-REGISTER DEPENDANTS

PM-004

PLEASE USE BLACK OR BLUE INK WHEN COMPLETING THIS FORM. WHERE APPROPRIATE MARK YOUR SELECTION WITH AN X

A. MAIN MEMBER COMPLETE BLOCKS FROM LEFT TO RIGHT, ONE LETTER PER BLOCK			
Title (Dr, Mr, Mrs or Miss)	<input type="text"/>	Initials	<input type="text"/>
Membership no	<input type="text"/>		
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Date of birth	<input type="text"/>	Identity/passport number	<input type="text"/>
Telephone (H)	<input type="text"/>	(W)	<input type="text"/>
Fax	<input type="text"/>	Cellphone	<input type="text"/>
Postal address	<input type="text"/>		
Postal code	<input type="text"/>	Staff number	<input type="text"/>
Province	<input type="text"/>		
Municipality	<input type="text"/>		
Marital status	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Married <input type="checkbox"/>

B. DEPENDANT'S DETAILS			
First name and surname	Date of birth	Gender	Relation to main member
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. REASONS FOR RESIGNATION
<input type="text"/>
<input type="text"/>
<input type="text"/>

I hereby apply to de-register the above mentioned dependants with SAMWUMED. Any claims with a service date after the cancellation date will be for my account.

Signature \_\_\_\_\_

Date

OFFICIAL STAMP
<input type="text"/>