

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"/> <input type="text"/> <input type="text"/> <input type="text"/>	Identity/passport number	<input type="text"/>		
Telephone	(H) <input type="text"/>	<input type="text"/>	(W) <input type="text"/>	<input type="text"/>	
Fax	<input type="text"/>	<input type="text"/>	Cellphone	<input type="text"/>	<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

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