

Instructions

This form can be used for updating personal details (including marital status).

Section 1: Membership details

Full name:	<input type="text"/>
Identity number:	<input type="text"/>
Marital status:	<input type="text"/>
Membership number:	<input type="text"/>

Section 2: Confirmation or change of address/contact details

Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>
Telephone (w):	<input type="text"/>		
Email:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Street address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>

Section 3: Acknowledgement and declaration

1. I declare that the information contained in this application form, is correct.
2. I declare that any false information in this application form or the non-disclosure of any material information will result in my membership being declared null and void.
3. I allow Bonitas to take all reasonable steps to verify information provided by me in this application form and agree to submit proof of identification to Bonitas on demand.
4. I consent to my telephone conversations with the Bonitas call centre being recorded and forming part of Bonitas' records. I also agree that such records will remain the sole property of Bonitas.
5. I declare that the information provided in this document is true and accurate and if accepted will form the basis of my agreement with Bonitas.
6. I acknowledge that I have read and understood the content of this application form. I confirm that the content of this application form and the implications thereof have been read and explained to me if necessary.
7. I hereby authorise the Scheme to share my and my dependants' personal and healthcare information with the Scheme healthcare management facility, the Scheme's administrator or the relevant government authorities for administrative and statistical purposes, provided such information shall be treated as confidential at all times. I agree that my and my dependants' personal healthcare data may be shared with third parties for the purpose of our membership trend analysis (e.g. employer). I have read and understood these statements and my permission and the permission of my dependants are given voluntarily. My signature below confirms that I give permission.

Signature of main member: _____

Date: _____