

# THEBE BAMBINO REGISTRATION FORM



Thebemed Scheme Reg No. 1592

7 Lutman Street,  
Richmond Hill, Gqeberha, 6001  
Tel: 0861 84 32 36  
Email: membership@thebemed.co.za

PLEASE COMPLETE ALL FIELDS

## MAIN MEMBER INFORMATION

Member's Name	
Membership Number	
ID Number	
Employer	
Mine / Shaft / Branch Details	

## CHANGES TO CONTACT INFORMATION

Telephone Number: Cell		Home		Work	
E-Mail Address		E-Mail Remittance Statement (please tick)		Yes	No
New Postal Address		New Residential Address			
	Postal Code:			Postal Code:	

## NEW BORN BABY INFORMATION

Baby's First Names		Baby's Surname	
Date of Birth		ID Number	
Inception Date for Baby		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>

## MEDICAL QUESTIONNAIRE

1. Type of Delivery (Please tick)	Normal		Caesarian Section
2. Any injuries or complications during the birth	Y	N	Details
3. Are there any abnormalities/congenital deformities	Y	N	Details
4. Is the baby diagnosed with any medical condition	Y	N	Details

## BIOLOGICAL PARENT INFORMATION

Biological Father's Name and Surname		Date of Birth	
Biological Mother's Name and Surname		Date of Birth	

I declare that the information given is true and correct and I am aware that any false statement will render my membership of the scheme null and void. Please attach one of the following documents with the application form: Clinic card, Hospital Notification Birth or Birth Certificate and email to [membership@thebemed.co.za](mailto:membership@thebemed.co.za).

NB: ALL REGISTRATIONS MUST BE DONE WITHIN 30 DAYS OF BABY BEING BORN, TO ENSURE BENEFITS PAYABLE FROM DATE OF BIRTH.

SIGNATURE OF MEMBER: .....

DATE: .....



Certified by: **SABS** 1509001  
Administered by: **momentum** | **TYB**  
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