

Contact us

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Application for registration of newborn baby 2025

This document is an application form to register your newborn baby on your Bankmed Medical Scheme membership.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly, for editable PDF forms please make sure you complete all editable fields on the form.
- 2. Kindly attach a copy of your newborn baby's birth certificate.
- 3. Please submit completed application forms to application@bankmed.co.za.
- 4. Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Schemes for statistical purposes only. You are not compelled to provide this information.

When you sign this application, you confirm that you have read and understood the rules for membership as well as the Privacy Statement and agree to them.

If you have any questions, please do inform us by sending an email to application@bankmed.co.za. Once we have assessed your application, we will let you know if your newborn has been accepted and the process that will follow.

Please note:

For us to accept your newborn baby without any conditions you must register your newborn baby within 30 days of his or her birth and cover **must start from the date of birth**. If you do not register your baby from the day he or she is born, you will have to pay backdated contributions.

Please submit your newborn's application within 30 days of birth. Please do not wait for the birth certificate from the Department of Home Affairs before submitting the application. We will process the newborn's application without the birth certificate to ensure your newborn has medical scheme coverage from birth. You will still be required to send the birth certificate but this can be done after activation. Submitting a newborn application after 30 days of birth may result in penalties and waiting periods.

If you are applying 30 days after the birth of your newborn baby or you require the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership with the Scheme. You will need to complete a different application called "Application to add a dependant to the Bankmed Medical Scheme".

1. Principal Membe	er's details
Membership number	
ID or passport number	
Member's surname	
Member's name	
2. Newborn's detai	Is
2.1. Surname	
First name/s	
ID or passport number	

Please note that this form expires on 31/03/2026. Up to date forms are available on www.bankmed.co.za.

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Gender	М		F		Date	of birth	D D	M	M	/ Y	Y								
Race	African		Colou	red	Indian	/Asian		White		Other		Do no	ot want	to dis	close				
You are not compelled to prestatistical purposes.	ovide the	inform	ation re	quired on	race. The	Scheme	is req	uired by	the C	Council fo	or Medica	al Sche	mes to d	collect t	his da	a and it	will be	e used fo	or
Is the newborn your biol	ogical ch	nild?		Yes	No			0	r is th	e newb	orn fos	tered o	or adop	oted	Yes		No		
If the newborn is adopte										are arra	ingeme	ent.							
2.2. Surname																			
First name/s																			
ID or passport number																			
Gender	М		F		Date of	of birth	D D	M	M	Y	Y								
Race	African		Colou	red	Indian	/Asian		White		Other		Do no	ot want	to dis	close				
You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.																			
Is the newborn your biol	ogical ch	nild?		Yes	No			0	r is th	e newb	orn fos	tered o	or adop	oted	Yes		No		
If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement. If your newborn is your grandchild, please complete both declarations in section four.																			
2.3. Surname																			
First name/s																			
ID or passport number																			
Gender	М		F		Date	of birth	D D	M	M	Y Y	Y								
Race	African		Colou	red	Indian	/Asian		White		Other		Do no	ot want	to dis	close				
You are not compelled to prestatistical purposes.	ovide the	inform	ation re	quired on	race. The	Scheme	is req	uired by	the C	Council fo	or Medica	al Sche	mes to d	collect t	his da	a and it	will be	e used fo	or
Is the newborn your biol	ogical ch	nild?		Yes	No			0	r is th	e newb	orn fos	tered o	or adop	ted	Yes		No		
If the newborn is adopte If your newborn is your o										are arra	ingeme	ent.							
3. Parents' details																			
Parent 1 surname																			
Parent 1 first name																			
Parent 2 surname																			
Parent 2 first name																			
4. Declaration																			
i,											(first	name	and s	urnam	e), th	e Princ	ipal N	/lembe	۲,
request that the newbor	n(s) on t	his fo	rm be	added to	o my Plar	type a	s a re	gister	ed de	pendan	t(s). I a	ılso co	nfirm tl	hat all	the in	ıformat	tion gi	ven	
here is true and correct					-						()						J		
Signed at (town or city)													on	D D	M	M Y	Y	Y Y	
Signature of Principal M	ember																		
		_	The Pri		Member m					inges.									

Grandchild declaration care and support.	on. Only t	to be completed i	f you are regist	ering a grando	child who i	is dependent o	n you for f	amily				
I,			(Principal Member name and surname) declare that any grandchild included in this									
application is financially dependent on me for family care and support.												
Signature of Principal Mer	mber					Date D M	M Y Y	YY				
5. Approval from employments this section	ployer (if a	applicable) - mer	mbers belonging	g to FRG, SBS	A and ABS	SA employer ar	e not requi	red to				
Name of employer												
Personnel officer												
Designation												
		PA	ROLL STAMP									
Signature of Personnel Of	fficer					Date D M	M Y Y	Y Y				

Please register your newborn with the department of Home Affairs within 21 days from birth and provide Bankmed Medical Scheme with a copy of the birth certificate as soon as possible.