



Contact us

Tel: 0800 BANKMED (0800 226 5633) • Private Bag X2, Rivonia 2128 • www.bankmed.co.za

Baby-and-Me enrollment form

Your personal and medical details

How to complete this form

Please send us the completed and signed form by:

1. E-mail babyandme@bankmed.co.za

Alternatively, you may contact us on 011 529 7227.

Alternativery, you may contact us on on 329 7227 .
Personal information
Membership number
Surname
First name(s) (as per dentity document)
ID or passport number
Physical address Suite/Unit number Complex name
Street number Street number
Suburb Post code
Telephone (H) Telephone (W)
Cellphone
E-mail
Age
Marital status Single Married Divorced
Your occupation
Expected date of delivery
First day of last menstrual
Thank you for completing this questionnaire
Kindly note that all information supplied on this form will be treated as confidential and will be used for the purpose of the Baby-and-Me Programme only.
Declaration
declare that the above statements are full, complete, and true, and agree that this information shall form part of my application to Bankmed.
Signature of main applicant Date Date Date
Please do not sign an incomplete application form

Bankmed Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:

E-mail: complaints@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical address: Block A Eco Glades 2 Office Park, 420 Witch – Hazel Avenue, Eco Park Estate, Centurion, 0157

BANBBE001