

INDIVIDUAL NEWBORN REGISTRATION FORM



(Form only applicable if child is registered from date of birth)

1. PRINCIPAL MEMBER

Membership number																					
Title					First name																
Initials				Middle name																	
Surname																					
ID number											Date of birth	D	D	M	M	Y	Y	Y	Y		
Home language																					
Passport number											Gender	M	F								
Country of issue																					
SARS tax number (SARS legislative requirement)																					
Marital status	Unmarried	Married	Date of marriage / divorce	D	D	M	M	Y	Y	Y	Y										

2. CONTACT DETAILS

Tel (W)											Tel (H)										
Cell																					
E-mail																					
Physical address																	Code				

3. ADDITION OF NEWBORN DEPENDANT/S

Please ensure that you enclose a birth certificate. If your newborn's surname differs from yours, you need to provide the Scheme with a declaration stating the reason for the difference. **Please note: If you don't have a birth certificate available, please submit your child's ID number or full passport documentation to the Scheme within ninety (90) days of their birth to avoid termination of their membership. As the Scheme is penalised for non-compliance, we would truly appreciate your assistance.**

Newborn 1

First name																				
Initials				Middle name																
Surname																				
ID number (passport number for non-SA citizens)											Gender	M	F							
Country of issue (passport)											Date of birth	D	D	M	M	Y	Y	Y	Y	
Relationship																				

Newborn 2

[illegible]

4. CHILD DECLARATION

Only to be completed if you are registering a child where the surname differs to the principal member

[illegible]

(principal member name and surname) declare that (all children where surname's differs to principal member) is my / my spouse / my partner(s) biological child.

[illegible]

Signed by me on this day of month Y Y Y Y

Signature of principal member

* The Scheme Rules will determine admission and the applicable rates.

5. CONSENT PROVISIONS BY MEMBER

1. I hereby expressly make the following acknowledgements in respect of Bestmed's processing of my Personal Information and/or Special Personal Information and/or that of my dependants / child(ren) / spouse(s) ("collectively referred to as "Personal Information"), as defined in terms of the Protection of Personal Information Act, 4 of 2013 (POPIA):
 - 1.1 That I have read and understood the provisions of Bestmed's Data Protection and Privacy Policy, thereby fully appreciating the manner in which Bestmed may process my Personal Information and for which purpose(s) Bestmed may process such Personal Information.
 - 1.2 That through submitting this application, I may be providing Bestmed with the Personal Information of my spouse(s), children and/or other dependant third parties.
 - 1.3 That by engaging with Bestmed through any physical and/or electronic means, Bestmed will in effect be processing the Personal Information provided by me from time to time.
 - 1.4 That Bestmed may from time to time, depending on the circumstances, collect my Personal Information from another source other than myself.
 - 1.5 That I fully appreciate that Bestmed places a high premium on my privacy and/or that of my dependants, spouse(s) and/or children.
 - 1.6 That I have read and understood the undertakings made by Bestmed in its Data Protection and Privacy Policy to the effect that it will ensure that any and all of my Personal Information and/or that of my dependants /child(ren) / spouse(s) shall be processed with a reasonable standard of care as may be expected from Bestmed.
 - 1.7 That I fully appreciate that Bestmed will only process my Personal Information and/or that of my dependants/child(ren)/spouse(s) in a manner consistent with the provisions of its Data Protection and Privacy Policy, as well as for the purpose(s) set forth therein.
 - 1.8 That, in accordance with the provisions of Section 18 of POPIA, I have been provided with adequate notification of the processing of my Personal Information by Bestmed, the scope and purpose(s) for such processing, as well as my rights to object to such processing should I elect to do so.
 - 1.9 That I acknowledge that the processing of my Personal Information is a mandatory requirement for the existence of a valid medical aid.
2. In light of the above acknowledgements, and in accordance with the requirements set forth in Section 11 of POPIA, I hereby provide my specific and informed consent to Bestmed for the processing of my Personal Information and/or that of my dependants / child(ren) / spouse(s), for any purpose(s) legitimately connected or related to my application for membership, which purpose(s) may include, but not be limited to the following:
 - 2.1 To provide or manage any information, products and/or services requested by me pursuant to my application for membership.
 - 2.2 To establish my needs, requirements and preferences in relation to the products and/or services provided by the Bestmed.
 - 2.3 To facilitate the delivery of products and/or services to me as a member of Bestmed.
 - 2.4 To administer my claims and premiums.
 - 2.5 To activate my medical aid and/or prescribed benefits.
 - 2.6 To allocate a unique identifier to me for the purpose of securely storing, retaining, and recalling my Personal Information from time to time, including after my membership is terminated.
 - 2.7 For general administration purposes pertaining to my membership.

- 2.8 For legal and/or contractual purposes and to enable Bestmed to comply with its contractual obligations towards me.
- 2.9 To transact with suppliers and business partners, including healthcare service providers, managed facilities, network hospitals, pharmacies and relevant regulatory authorities to facilitate the delivery of products and/or services to me.
- 2.10 To provide me with health and wellness information throughout the subsistence of my membership.
- 2.11 To transact with third parties and transfer my Personal Information to such third parties for the purpose of enabling Bestmed to fulfil its contractual obligations towards me.
- 2.12 To analyse my Personal Information collected for research and statistical purposes.
- 2.13 To transfer my Personal Information across the borders of South Africa to other jurisdictions should it be required in the legitimate pursuit of Bestmed's business requirements.
- 2.14 To carry out analysis and profiling of my membership profile.
3. In as far as I provide Bestmed with the Personal Information of any third party, including my spouse(s), children or other dependants, I hereby warrant that I have acquired the consent of such third party to do so and in the event of that individual being a child, I do so in my capacity as a "competent person" in respect of such Personal Information, as contemplated in terms of the provisions of POPIA.

Accordingly, I hereby indemnify and hold Bestmed harmless against any claims of whatever nature that may arise as a result of the processing of any Personal Information as provided by myself, for purposes of my membership with Bestmed.

4. Bestmed may identify other products and services which might be of interest to me, as well as to inform me of such products and/or services.

Yes	No
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Signature of member

6. IMPORTANT NOTICE

Please note: in terms of the Scheme Rules, the completed form and relevant supporting documentation (birth certificate/confirmation of birth in an emergency) must be submitted to the Scheme within thirty (30) days of the birth of your child/ren. Bestmed will, however, gladly accept your application if it is made within ninety (90) days of birth, as we understand that your world might be a little upside down with a new addition to your family. If your documentation will only be submitted after the initial thirty (30) day period, please inform the Scheme as soon as possible. This will help us ensure you don't receive any outstanding claim communication for the ninety (90)-day period.

Bestmed can only accept claims for registered dependants. If you want to make a claim for your newborn, you will need to register them first.

Signature of principal member

Date

D	D	M	M	Y	Y	Y	Y
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