

**Rand Water Medical Scheme****RAND WATER**

Form No. RW MED.AID 00001 O  
 Revision No: 01 .1  
 Effective date: January 2013

**NEW BORN REGISTRATION FORM**

Member Number		Rand Water Board No	
Member Initials		Member First Name	
Dependent			
Initial		First Name	
South African ID/ Passport Number		Surname	
Date of Birth			
Relationship to principal Member		Preferred Name	
Gender (M=Male F=Female)		New Born Baby	
		Copy of birth certificate	
<p>I hereby apply for admission to membership of the Rand Water Medical Scheme for my new born dependent in terms of the rules of the Scheme. I warrant that I have been advised that the Rules will be made available on request and I understand that I am responsible to read the Rules and any amendments to the Rules and that I am bound by them.</p>			
Member Signature			

**NOTE****This document is only for the registration of new born babies**

(Babies born during the period that the parent is a registered member or dependant of Rand Water Medical Scheme)

Copy of ID is mandatory

Must be submitted within 30 days from date of birth

**For Office Use only**

Amendment loaded by	
Date loaded	
Checked by	
Date checked	

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