

INTERNATIONAL STUDENT APPLICATION FOR PULSE1 MEMBERSHIP

FOR OFFICE USE ONLY

Membership number	Organisation number	Date of admission		Benefit option		Contribution
		From	Until	Service provider		

1. METHOD OF PAYMENT (TICK APPLICABLE OPTION)

NB: Proof of payment must be attached

Sponsorship

Bank transfer

Cash payment

2. APPLICANT (PRINCIPAL MEMBER) - PLEASE WRITE IN BLOCK LETTERS

Title _____

Student number

Surname _____

Full names _____

Date of birth of member

Marital status _____ Date of marriage/divorce

Passport number

Gender

3. ADDRESS AND CONTACT NUMBERS (PRINCIPAL MEMBER)

Residential address in SA _____ Postal address in SA _____

_____ Postal code _____

Physical address in home country _____ Tel (w) _____

_____ Tel (h) _____

_____ Postal code _____ Cell _____

E-mail _____

4. DEPENDANTS

Full names (including surname(s) if different from principal member)	Gender		Date of birth	ID number	Relationship (mark applicable block with "X")		
	M	F			Spouse	Partner	Child
	M	F	DD MM YYYY		Spouse	Partner	Child
	M	F	DD MM YYYY		Spouse	Partner	Child
	M	F	DD MM YYYY		Spouse	Partner	Child
	M	F	DD MM YYYY		Spouse	Partner	Child

5. PLEASE ATTACH THE FOLLOWING DOCUMENTS

- A copy of the principal member's passport
- Student registration if dependant is a student
- Proof of payment must be attached

6. CLAIM REIMBURSEMENT DETAILS

Account holder _____

Bank _____

Branch number

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Account number

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Type of account

Cheque

Savings

7. STATEMENT BY APPLICANT

I, _____ hereby declare that:

- (a) should I be enrolled as a member of Bestmed, I shall subject myself to the Rules of Bestmed;
- (b) the information furnished herein is completely true to the best of my knowledge and conviction and that I have not concealed any information. I unconditionally accept membership for as long as I am a bona-fide student and understand that a savings account will be allocated pro rata (if applicable);
- (c) I irrevocably hereby grant permission to any physician, person or party who may be in possession of, or obtain information concerning my health or that of my dependants, to divulge such information to Bestmed, also after my death;
- (d) I hereby authorise the University/Technikon to deduct the amount due and pay this over to Bestmed;
- (e) if after my admission as a member of Bestmed it is found that any statement or information furnished by me was knowingly and willfully inadequate or untrue, I agree to refund in full to Bestmed all payments which Bestmed may have made on my behalf and to relinquish any claim to any benefits on the part of Bestmed and;
- (f) any deterioration or change in my state of health or in that of any dependants before the date or event to be set by Bestmed for commencement of membership, or the date of acceptance of this application by Bestmed, or the date of receipt of the first contribution, whichever date is the latest shall entitle Bestmed to reconsider the application and propose new terms of admission or declare the membership null and void in which case all monies paid to Bestmed in connection with this membership before Bestmed is informed of the change, shall be forfeited and benefits paid by Bestmed shall immediately be refunded to Bestmed.

Signature of applicant

Signature of witness

Namestamp of University/Technikon

Date

D	D	M	M	Y	Y	Y	Y
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