NEWBORN **REGISTRATION**

PO Box 2338, Durban 4000 | Tel: 0861 000 300 | Fax: 031 580 0478 | Email: membership@mhcmf.co.za

moto HEALTH CARE
taking care of our own

SECTION 1: PRINCIPAL MEMBER'S DETAILS

Member number

Employer

Identity/Passport number | Country of issue

Title | Initials

First name/s

Surname

Telephone number (h) | Telephone number (w)

Cell phone number | Fax number

Email address

SECTION 2: NEWBORN'S DETAILS

1. Title | Initials

First name/s

Surname

(only if different to principal member)

Gender: Male ☐ Female ☐

Date of birth DD/MM/YYYY

2. Title | Initials

First name/s

Surname

(only if different to principal member)

Gender: Male ☐ Female ☐

Date of birth DD/MM/YYYY

3. Title | Initials

First name/s

Surname

(only if different to principal member)

Gender: Male ☐ Female ☐

Date of birth DD/MM/YYYY

SECTION 3: PARENT'S DETAILS

Mother's first name/s

Mother's surname

Father's first name/s

Father's surname

SECTION 4: EMPLOYER ACKNOWLEDGEMENT OF CHANGE IN BENEFIT

To be signed by an employer representative if the company pays your contribution.

- I/We warrant that the principal member referred to in this application is an employee of our organisation.
- Moto Health Care may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

Name			
Surname			
Signature of member		Date	DD/MM/YYYY
Signature of employer		Date	DD/MM/YYYY
Designation of person signing			

Important notes:

- Please register your baby on Moto Health Care within 30 days of birth.
- Addition of dependant form must be completed if baby is over 30 days old.
- Please attach a copy of notification of birth or a birth certificate.