REGISTRATION FORM 2010

Register now and send your completed form by fax to
011 707 8740

or email us at
camaf@wellth.co.za

NB. Only members registered with the CAMAF medical scheme are eligible to join the Wellth programme
Visit our website for more information on the programme – **www.wellth.co.za**

Please complete the form in **full** or registration cannot be processed

1. YOUR PERSONAL DETAILS

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Adv ☐ Dr Other: _____

Gender: ☐ Male ☐ Female

First Name:

Surname: ID Type: ☐ SA ID ☐ Passport

ID or Passport Number: Date of Birth: D D M M Y Y Y Y

E-Mail Address:

Work Phone Number: Fax Number:

Cell Number:

Medical Aid Number:

Wellth Membership: ☐ Principal member (R92.50) ☐ Principal member + 1 or more dependants (R110)

2. YOUR ADDRESS DETAILS

PHYSICAL ADDRESS

Complex Name: Unit Number:

Street Name:

Suburb: Code:

City:

POSTAL ADDRESS

PO Box:

Suburb:

Code:

3. INTERNATIONAL TRAVEL & VIRGIN ACTIVE (IF APPLICABLE)

Date of international departure: _____

Date you joined Virgin Active: _____

4. BANKING DETAILS

Bank:

Branch Name: Branch Code:

Account Number: Savings: ☐ Cheque: ☐

☐ I hereby authorise Eternity Private Health Concierge (Pty) Ltd. to debit my full monthly membership fee from the bank account detailed above and I agree to the terms and conditions of the programme. (Please tick box on left or your application cannot be processed)

Please provide proof of banking details (either a copy of a cancelled cheque or a copy of your bank statement – **no internet statements accepted**; or a letter from your bank verifying your banking details). Please note that we require 1 calendar month's notice for termination of this contract. Cancellation must be submitted in writing (fax or email) on or before the last working day of the month. As per the terms and conditions of the programme members are required to stay on the programme for a minimum of 6 months. This excludes members who resign from the Chartered Accountants Medical Aid Fund (CAMAF).

_____ Date: D D M M Y Y Y Y
Signature

5. WELLTH CONTACT DETAILS

Tel: 0861 112 922 Fax: 011 707 8740 Email: camaf@wellth.co.za Website.www.wellth.co.za
Physical Address: Wedgefield Office Park, 17 Muswell Rd South, Bryanston
Postal Address: PO Box 2964 Randburg, 2125

6. SALES CONSULTANT DETAILS

Consultant Name: