



To be completed when a member wishes to register a spouse, life partner or child after the member's initial registration
Form M2.1A to be completed and attached for all registrations, unless the dependant is less than 3 months old in which case a form is not required

SECTION A – MEMBER'S DETAILS																					
SURNAME																					
FIRST NAMES																					
ID NUMBER													DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF APPLICABLE											COUNTRY OF ISSUE										
MEMBER NUMBER											OPERATION / SECTION										

SECTION B – REGISTRATION OF SPOUSE OR PARTNER																			
SPOUSE OR PARTNER 1																			
SURNAME																			
FIRST NAMES																			
MAIDEN SURNAME																			
PREVIOUS SURNAME (IF DIVORCED)																			
ID NUMBER											DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF APPLICABLE											COUNTRY OF ISSUE								
ETHNIC ORIGIN	AFRICAN ☐			COLOURED ☐			INDIAN /ASIAN ☐			WHITE ☐			OTHER ☐						
RESIDENTIAL ADDRESS																			
DATE FROM WHICH REGISTRATION IS REQUIRED	Y	Y	Y	Y	M	M	D	D	M2.1A COMPLETED	Yes ☐ No ☐									
TYPE OF MARRIAGE (TICK)	CIVIL CEREMONY						☐			RELIGIOUS CEREMONY						☐			
	AFRICAN LAW AND CUSTOM						☐			COMMON LAW OR LIFE PARTNER						☐			
SPOUSE OR PARTNER 2																			
SURNAME																			
FIRST NAMES																			
MAIDEN SURNAME																			
PREVIOUS SURNAME (IF DIVORCED)																			
ID NUMBER											DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF AVAILABLE											COUNTRY OF ISSUE								
ETHNIC ORIGIN	AFRICAN ☐			COLOURED ☐			INDIAN /ASIAN ☐			WHITE ☐			OTHER ☐						
RESIDENTIAL ADDRESS																			
DATE FROM WHICH REGISTRATION IS REQUIRED	Y	Y	Y	Y	M	M	D	D	M2.1A COMPLETED	Yes ☐ No ☐									
TYPE OF MARRIAGE (TICK)	CIVIL CEREMONY						☐			RELIGIOUS CEREMONY						☐			
	AFRICAN LAW AND CUSTOM						☐			COMMON LAW OR LIFE PARTNER						☐			

SECTION C – REGISTRATION OF CHILD																			
CHILD 1																			
SURNAME																			
REASON FOR DIFFERENT SURNAME, IF APPLICABLE	STEPCHILD			☐			ADOPTION			☐									
	OTHER (SPECIFY)																		
FIRST NAMES																			
GENDER (TICK)	MALE			☐			FEMALE			☐									
ID NUMBER											DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF AVAILABLE											COUNTRY OF ISSUE								
ETHNIC ORIGIN	AFRICAN ☐			COLOURED ☐			INDIAN /ASIAN ☐			WHITE ☐			OTHER ☐						
RESIDENTIAL ADDRESS																			
PREASONS IF RESIDENTIAL ADDRESS IS DIFFERENT																			
DATE FROM WHICH REGISTRATION IS REQUIRED	Y	Y	Y	Y	M	M	D	D	M2.1A COMPLETED	Yes ☐ No ☐									

M2.10 – Registration of Spouse, Partner or Children



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CHILD 2														
SURNAME														
REASON FOR DIFFERENT SURNAME, IF APPLICABLE	STEPCHILD	☐	ADOPTION		☐									
	OTHER (SPECIFY)													
FIRST NAMES														
GENDER (TICK)	MALE	☐	FEMALE		☐									
ID NUMBER					DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D	
PASSPORT NUMBER IF AVAILABLE					COUNTRY OF ISSUE									
ETHNIC ORIGIN	AFRICAN	☐	COLOURED	☐	INDIAN /ASIAN	☐	WHITE	☐	OTHER					☐
RESIDENTIAL ADDRESS														
PROVIDE REASONS IF RESIDENTIAL ADDRESS IS														
DATE FROM WHICH REGISTRATION IS REQUIRED	Y	Y	Y	Y	M	M	D	D	M2.1A COMPLETED	Yes	☐	No	☐	
CHILD 3														
SURNAME														
REASON FOR DIFFERENT SURNAME, IF APPLICABLE	STEPCHILD	☐	ADOPTION		☐									
	OTHER (SPECIFY)													
FIRST NAMES														
GENDER (TICK)	MALE	☐	FEMALE		☐									
ID NUMBER					DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D	
PASSPORT NUMBER IF AVAILABLE					COUNTRY OF ISSUE									
ETHNIC ORIGIN	AFRICAN	☐	COLOURED	☐	INDIAN /ASIAN	☐	WHITE	☐	OTHER					☐
RESIDENTIAL ADDRESS														
PROVIDE REASONS IF RESIDENTIAL ADDRESS IS														
DATE FROM WHICH REGISTRATION IS REQUIRED	Y	Y	Y	Y	M	M	D	D	M2.1A COMPLETED	Yes	☐	No	☐	
CHILD 4														
SURNAME														
REASON FOR DIFFERENT SURNAME, IF APPLICABLE	STEPCHILD	☐	ADOPTION		☐									
	OTHER (SPECIFY)													
FIRST NAMES														
GENDER (TICK)	MALE	☐	FEMALE		☐									
ID NUMBER					DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D	
PASSPORT NUMBER IF AVAILABLE					COUNTRY OF ISSUE									
ETHNIC ORIGIN	AFRICAN	☐	COLOURED	☐	INDIAN /ASIAN	☐	WHITE	☐	OTHER					☐
RESIDENTIAL ADDRESS														
PROVIDE REASONS IF RESIDENTIAL ADDRESS IS														
DATE FROM WHICH REGISTRATION IS REQUIRED	Y	Y	Y	Y	M	M	D	D	M2.1A COMPLETED	Yes	☐	No	☐	



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SECTION D – PREVIOUS MEDICAL SCHEMES																									
(WHERE A SPOUSE, LIFE PARTNER OR CHILD HAS BEEN A MEMBER OF ANOTHER MEDICAL AID - ATTACH ALL CERTIFICATES)																									
NOTE: Waiting periods may be imposed, unless a certificate of membership is attached proving transferability																									
NAME	SCHEME NAME	MEMBERSHIP NUMBER	START DATE								END DATE								CERTIFICATE ATTACHED						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						
			Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Yes ☐						

Note:

1. The Society will advise the approved registration date, in writing, to the member and the Employer.
2. Spouses and children registered 3 months after date of marriage or date of birth will only be entitled to benefits 3 months after their approved registered date.
3. It is the responsibility of the member to notify the Society of the cancellation of registration of any dependants giving 30 days prior written notice by completing form M2.50.
4. Certified copies of marriage certificates and ID's and where applicable, birth certificates, official adoption papers must be attached to this form.
5. Affidavit for life partner (where applicable) must also accompany this form (M2.1B)

MEMBER SIGNATURE	
I	DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
Print name here	
DATE	
SIGNATURE	