

**Who must complete this form?**

This form is compulsory for every main member or dependant joining the Society, unless the dependant is younger than three months at the date of joining.

**By when should this form be returned?**

This form accompanies the New Member Application form (M1.0) and the Registration of Spouse, Partner and Children form (M2.10 and M2.20).

SECTION A: MAIN MEMBER

Surname			
First names			
ID Number		Date of birth	
Passport number (If applicable)		Country of issue	
Email address		Cellphone no.	
Member Number (If not a new application)			

SECTION B: BENEFICIARY TO BE REGISTERED

Surname			
First names			
ID Number		Date of birth	
Passport number (If applicable)		Country of issue	

SECTION C: MEDICAL HISTORY OF BENEFICIARY

In the last 12 months, has this beneficiary received any medical advice, diagnosis, or care, or has been recommended for treatment, for any of the conditions below?		SELECT YES / NO	DATE DIAGNOSED (yyyy-mm-dd)	LAST TREATMENT DATE (yyyy-mm-dd)	Please clearly specify diagnosis, level/stage of illness, and nature of treatment (medicine, dosage, and hospitalisation, if any). If this form does not offer enough space, details should be provided on the next page.
1.	Skin conditions e.g., allergies, eczema, psoriasis, acne	Yes No			
2.	Skeleton, joint or muscle problems e.g., arthritis, back problems, rheumatism, rheumatic fever	Yes No			
3.	Sensory organ problems e.g., sight, hearing, speech	Yes No			
4.	Respiratory e.g., asthma, COPD, emphysema, silicosis	Yes No			
5.	Cardio-vascular system e.g., hypertension, high cholesterol, heart failure, thrombosis	Yes No			
6.	Digestive system e.g., hernia, ulcers, gallstones	Yes No			
7.	Urinary system e.g., kidney or bladder problems (infections or incontinence)	Yes No			
8.	Metabolic diseases e.g., diabetes, porphyria, thyroid problems	Yes No			
9.	Mental disorders e.g., depression, anxiety, sleeping disorders	Yes No			
10.	Brain and nervous system e.g., epilepsy, fits, stroke, Parkinson's disease, headaches	Yes No			
11.	Substance abuse e.g., alcohol, drugs	Yes No			
12.	Cancer, growths, or tumors	Yes No			
13.	Ear, nose, and throat e.g., grommets, nasal surgery, tonsils	Yes No			
14.	Contagious diseases e.g., HIV / AIDS, tuberculosis	Yes No			
15.	Pregnancy (suspected or confirmed)	Yes No			
16.	Genital organ or reproductive problems e.g., prostate, testes problems, infertility, menstrual problems, endometriosis, hormone replacement therapy	Yes No			
17.	Blood e.g., anemia, bleeding disorders, blood clots	Yes No			
18.	Any other medical condition, operation or symptoms experienced not mentioned above e.g., broken bones	Yes No			

SECTION C – ADDITIONAL INFORMATION

SECTION D – DECLARATION

I declare that the above information is true and correct and any false or inaccurate information could affect membership or benefits.

Beneficiary's Name

Beneficiary's ID Number

Main Member's Full Name

Signature

Date

Protecting your Privacy

The De Beers Benefit Society (the Society) has developed a Privacy Policy which covers how the Society collects, uses, discloses, transfers, and stores members' personal information. In line with this policy, the information disclosed in this document will be treated as confidential and will only be used for the purposes for which it is intended in terms of applicable legislation. Please visit the Society's website to view the Privacy Policy (www.dbbs.co.za).