

RESIGNATION OF DEPENDANTS FORM (M2.50)



Who must complete this form?

The member must complete this form.



What documents should accompany this form?

- If cancellation is due to a divorce, a copy of the divorce agreement/order.
- If cancellation is due to death, a copy of the death certificate.



By when should this form be returned?

The notice period to cancel Society benefits is 30 days. Benefits will stop for the applicable dependant at the end of the month in which the notice period expires.

Please return this form via email to registrations@dbbs.co.za.

SECTION A: MEMBER'S PERSONAL DETAILS

Surname			
First names			
Member number		Operation	
Identity number		Date of birth	
Passport number (if available)		Country of issue	

SECTION B: DETAILS OF DEPENDANTS TO BE REMOVED

DEPENDANT 1

Surname				
First names				
Identity number		Relationship to member		
Date of birth		Last date for which cover is required*		
Reasons for cancellation	Own medical	Spouse medical	Divorced / separated	Death
	Affordability	Income over threshold	Other (please specify)	

DEPENDANT 2

Surname				
First names				
Identity number		Relationship to member		
Date of birth		Last date for which cover is required*		
Reasons for cancellation	Own medical	Spouse medical	Divorced / separated	Death
	Affordability	Income over threshold	Other (please specify)	

* 30-day notice period required

SECTION B: DETAILS OF DEPENDANTS TO BE REMOVED – CONTINUED

DEPENDANT 3

Surname				
First names				
Identity number		Relationship to member		
Date of birth		Last date for which cover is required*		
Reasons for cancellation	Own medical	Spouse medical	Divorced / separated	Death
	Affordability	Income over threshold	Other (please specify)	

DEPENDANT 4

Surname				
First names				
Identity number		Relationship to member		
Date of birth		Last date for which cover is required*		
Reasons for cancellation	Own medical	Spouse medical	Divorced / separated	Death
	Affordability	Income over threshold	Other (please specify)	

* 30-day notice period required

SECTION C – MEMBER'S SIGNATURE

I declare that the above information is true and correct.

Member's signature		Date	
Member's name			