

2. Patient's details

First name(s)	<input type="text"/>											
Surname	<input type="text"/>											
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Email	<input type="text"/>											
Relationship to principal member	<input type="text"/>											

3. How we can communicate the decision to you

Telephone Email Post

Details of above

<input type="text"/>
<input type="text"/>
<input type="text"/>

4. Medical Report to be completed by medical practitioner

Diagnosis (or attach doctor's detailed letter of motivation and photographs)

Medical history

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
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<input type="text"/>

Treatment and medication required (attach detailed quotation from medical practitioner or service provider)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
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<input type="text"/>

Member's motivation

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
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<input type="text"/>

Doctor's name

Signature

Practice number

Date

Please note: Where you may be unable to sign and return this form electronically and/or print and scan with a signature to us, please return the form via email to us by inserting the following paragraph into the email to read as follows:

I, (full names) confirm that I am unable to sign and

complete this form electronically. I authorise Discovery and TFGMAS (as referred to in the application) to accept this email as my confirmation, consent and signature for this application. My acceptance of the terms and conditions associated with this application is voluntary and I understand that I am legally bound to the terms and conditions of the application and/or amendments to it as confirmed in this email.

I hereby indemnify Discovery, its employees and representatives, as well as TFGMAS against any loss or damage I may suffer, which may arise directly or indirectly from my decision to submit this application for processing by Discovery on behalf of TFGMAS.

Regards

Name: Full name and surname