

FORM NO.IX

[See Section 18 {b} and rule 4 {4}]

APPLICATION FOR MEDICAL AID.

1. Name and address of the member :
[In Block letters]

2. Age and date of birth of the member :

3. Date of enrolment of the member :

4. Name and address of the patient :
showing his relationship with the :
Member. :

5. Name and address of the medical :
practitioner who is attending the :
patient. :

6. Details regarding the decease. :

7. Amount required for the treatment :

DECLARATION.

I do hereby
Solemnly affirm that the particulars furnished above are true and correct.

Place:
Date :

Signature of the Applicant.