



REQUEST TO ADD-A-DEPENDANT

Administrators (Pty) Ltd

829 Rubenstein Drive, Moreleta Park, Pretoria, 0044, South Africa
010 021 0260 086 743 1363 newbus2@curaadmin.co.za

Based on the information you provide, we may ask for additional information and documents. If we cannot process any part of this request, we will inform you or your financial adviser. Send the completed form and required documentation to newbus2@curaadmin.co.za. If you have questions or need more information, you can contact our client contact centre on 010 021 0260.

Cura Policy Number:

Cura Product:

3.1 PRINCIPAL INSURED DETAILS: Please attach a copy of ID Document.

Name(s): Surname: Initials:

Residential Address: ID Number:

Postal Address: Area Code:

Postal Code:

Telephone (W): Cell No:

Telephone (H): Spouse Cell:

E-mail Address:

I, the undersigned, request Cura Administrators to add the following dependants to my policy/s:

3.3 DEPENDANTS: Please ensure that all copies of ID Documents / Birth Certificates are included.

Date dependants should be added:

Relationship	Name and Surname	Gender	SA ID Number
Spouse			
Child 1			
Child 2			
Child 3			

- All new-borns must be registered within 30 days after birth as a dependant of the Principal Insured Person.
- Proof of full time "Student Registration" must be attached for all children between 21 and 26 years, if a dependant.
- I hereby declare that the above insured persons, with different surnames, are related to me as:

Biological child

Step child

Foster child

Adopted child

Married to principal insured

Common law husband / wife

3.4 HEALTH DECLARATION: Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Do you or any of the eligible persons on this application suffer from any existing medical conditions, or have you received treatment for any illness or injury in the past. (Including pregnancy) Yes No
If yes, please provide details below

Name of insured	Details of known existing medical conditions	Date of last treatment

Signature of Client / Authorized Signature _____

Date: