

## POLICY HOLDER DETAILS

Surname					Initials	Title	
Full Name							
ID/Passport Number				Date of birth			Gender Male Female
Marital Status	Single	Married	Seperated	Divorced	Widowed		
Telephone (H)				Cell Phone			
Telephone (W)				Spouse Cell Phone			
Email Address				Spouse Email Address			
Physical Address							

Postal Code

To protect your information and ensure speedy delivery, we will communicate with you using the above email address. Please complete your Postal Address (if different to your Residential Address):

Postal Address

Postal Code

## OPTION SELECTION

### Incident Assist Packages

Platinum Gold Silver Bronze

## DEBIT ORDER DETAILS AND DEBIT AUTHORITY CONSENT

Payment Method:	Monthly Debit Order	Payroll Deduction	Debt Order Day	day of every month
Name of Account Holder				
Name of Bank			Account Number	
Branch Name			Branch Code	
Type of Account	Current Account	Transmission Account	Savings Account	Other

## DEPENDANTS DETAILS

If you are an existing Cura Administrator member, you do not need to fill in the dependants section below.

Relationship	Male	Female	ID/Passport Number
Adult Dependant/Spouse			
Dependant 1			
Dependant 2			
Dependant 3			
Dependant 4			
Dependant 5			
Dependant 6			
Dependant 7			
Dependant 8			



**Disclaimer:**

Our services – including Personal Health Advisor, Crisis Assist Line, Medical Access Service, HIV and Trauma Support, Family Care Services, Tele-Doctor Consult, Trauma Counselling, Home Assist, Home Invasion Benefit, Trip Monitor, Concierge Service and My Armed Guard – are offered as supportive value-added benefits. They are not a substitute for independent medical diagnosis, treatment or emergency care. In an emergency, please contact your relevant healthcare provider. All service providers and medical staff are registered in accordance with South African standards and the relevant governing bodies. Your personal information is handled confidentially in line with POPIA. Service limits, exclusions and third-party provider terms may apply.

**Signed at****on this****date of****20****Signature of Policyholder /  
Authorised Signature**