



Request to Add a Dependant

Administrators (Pty) Ltd
 An authorised financial services provider – FSP: 26848

Call Centre: 010 021 0260
Fax: 086 683 1913
E-Mail: newbus2@curaadmin.co.za

1. Principal Details:

Policy Number	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>	ID Number	<input type="text"/>
Cell	<input type="text"/>		
E-mail Address	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>

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

2. Dependants: Attach copies of all ID documents or birth certificates

Date dependants should be added

Relationship	Surname & First Name/s	Gender	ID Number
Spouse			
Child 1			
Child 2			
Child 3			

I hereby declare that the above insured persons, with different surnames, are related to me as:

Biological child	<input type="checkbox"/>	Step child	<input type="checkbox"/>	Foster child	<input type="checkbox"/>
Adopted child	<input type="checkbox"/>	Married to principal insured	<input type="checkbox"/>	Common law husband / wife	<input type="checkbox"/>

3. Health Declaration:

Do any of the persons on this application suffer from any existing medical condition/s, or have they received treatment for any illness or injury in the past 24 months?

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

Principal Insured Signature _____

Date _____