Veritas HEALTHCARE LIMITED

REGISTRATION FORM

Principal

Use gum only to Affix Passport Photograph 3cmx3.5cm

1. PERSONAL DATA:

Name

E-Mail | Date Of Birth | Marital Status

State of posting | Phone No. (GSM) | Age | Sex

2. Employer's Data:

Name

Location/Address

3. Preferred Health Care Facility (HOSPITAL):

Name of Facility (HOSPITAL)

4. Alternative Health Care Facility (HOSPITAL):

Name of facility (HOSPITAL)

NOTE: Alternative health care facility must only be selected for dependents that are in a different location

5. Healthcare Plans:

Select any of the healthcare plan you will like to undertake

Budget ☐ Budget Plus ☐ Standard ☐ Executive ☐

6. Medical History of Significance:

A. Diabetes ☐ **B.** Epilepsy ☐ **C.** Hypertension ☐ **D.** Sickle Cell Disease ☐ **E.** Allergies ☐ **F.** Asthma ☐

7. Dependants: One (1) Spouse and Four (4) Biological Children

Spouse

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Name I. Spouse

Sex | Date of Birth

A B C D E F

Child 1

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Name II. Child 1

Sex | Date of Birth

A B C D E F

Child 2

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Name III. Child 2

Sex | Date of Birth

A B C D E F

Child 3

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Name IV. Child 3

Sex | Date of Birth

A B C D E F

Child 4

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Name V. Child 4

Sex | Date of Birth

A B C D E F

Alternate Health Care Facility
PLEASE TICK THE BOX BELOW IF USING ALTERNATE HEALTHCARE FACILITY

Spouse ☐ **Child 1** ☐ **Child 2** ☐ **Child 3** ☐ **Child 4** ☐

Date _____ Signature _____