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<b>COMPANY NAME:</b>	
<b>SPONSOR NAME:</b>	<b>CELL NUMBER:</b>
<b>PRINCIPAL MEMBER:</b>	<b>CELL NUMBER:</b>
<b>HOME ADDRESS:</b>	
<b>DATE OF BIRTH:</b>	<b>SEX:</b>
<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <b>MALE</b> <input type="text"/> F <b>FEMALE</b>
<b>I.D. NUMBER:</b>	
<b>OCCUPATION:</b>	

Please enter below the details of all dependants to be included in this Application for membership.

Surname	First Names	D.O.B	Sex	I.D Number	Relationship to Member

**DECLARE PRE-EXISTING CONDITIONS:**

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**Signature:**.....

**Date:**.....