



# CONTACT DETAILS OF DEPENDANTS OVER THE AGE OF 18

**PLEASE COMPLETE IN BLOCK LETTERS**

It is now a legal requirement for the Fund to have the contact information for dependants over the age of 18 on record.

Please update the contact information for your dependants who are over the age of 18 and return this form by email to [membership@goldenarrowmed.co.za](mailto:membership@goldenarrowmed.co.za).

## 1. MAIN MEMBER'S DETAILS

Membership number	<input type="text"/>
Employee number	<input type="text"/>
First names	<input type="text"/>
Surname	<input type="text"/>
Contact number	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Email address	<input type="text"/>

## 2. DETAILS OF DEPENDANTS OVER THE AGE OF 18

### Dependant 1

First names	<input type="text"/>
Surname	<input type="text"/>
Contact number	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Email address	<input type="text"/>

### Dependant 2

First names	<input type="text"/>
Surname	<input type="text"/>
Contact number	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Email address	<input type="text"/>

Details of dependants over the age of 18 continued on page 2

## 2. DETAILS OF DEPENDANTS OVER THE AGE OF 18 (CONTINUED)

### Dependant 3

First names	<input type="text"/>		
Surname	<input type="text"/>		
Contact number	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Email address	<input type="text"/>		

### Dependant 4

First names	<input type="text"/>		
Surname	<input type="text"/>		
Contact number	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Email address	<input type="text"/>		

### Dependant 5

First names	<input type="text"/>		
Surname	<input type="text"/>		
Contact number	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Email address	<input type="text"/>		

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## Golden Arrow Employees' Medical Benefit Fund

Tel 0860 104 122

Email [enquiries@goldenarrowmed.co.za](mailto:enquiries@goldenarrowmed.co.za)

Website [www.goldenarrowmed.co.za](http://www.goldenarrowmed.co.za)