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Alenti Office Park, Building D, 457 Witherite Road, The Willows, Pretoria, 0040. P.0 Box 1463, Faerie Glen, 0043. \mathbf{T} : +27 (0) 12 845 0000 \mathbf{F} : +27 (0) 86 670 0242

REINSTATEMENT OF MEMBERSHIP			
Membership number		Date Y Y Y	Y M M D D
DETAILS OF THE PRINCIPAL MEMBE	ER Race - A = African/Black, I = India	n/Asian W = White C = Coloured	
Mr Mrs	Miss		
Surname			
Full Names			
Member's date of birth	YYYM	M D D Race	2
ID number			
Residential address			
			Code
Postal address			
			Code
Telephone number (H)			
Telephone number (W)			
Cellphone number			
Name of employer		Employee number	
HR Department contact person		Telephone number	
REASON			
Effective date of reinstatement Y Y Y M M D D			
Member Signature		Date Y Y Y	Y M M D D
Namestamp of employer			
namestamp of employer			
Human Resource Manager / Practitioner Signature Date Y Y Y M M D D			

Reinstatement of Membership Form