



**PLATINUM
HEALTH**

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Confirmation of medical form

Title: Initials: Surname:

Names in full (as per identity document):

Identity Number:

Passport Number:

Coy No:

Current Employer:

Date of last shift:

Reason for change: Retirement Medical Board Disability

MEMBER CONTACT DETAILS

Email address:

Postal address:

Postal code:

Residential address:

Postal code:

Tel no (Home): Tel no (Work): Cell no:

CLEARLY MARK YOUR SELECTION WITH AN X AND SIGN IN THE RELEVANT BOX

Continue with membership	<input type="checkbox"/>	Signature	Should you continue, kindly note that you need to contact our Client Liaison Department for assistance with the necessary paperwork and note that you will be an upfront member. Their contact number is 014 590 1700
Terminate membership	<input type="checkbox"/>	Signature	Should you terminate your membership, kindly note that you will not be able to join Platinum Health post termination.