

REGISTRATION OF ADDITIONAL DEPENDANTS

**please complete in block letters, tick appropriate blocks unless otherwise indicated*

About yourself (policyholder)

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Title		Initials	
Surname			
First name(s)		Sex	☐ M ☐ F
Date of birth		Policyholder No	
Occupation			
ID or passport number		Country of Issue	
Basic Salary P			
Cell		Tel (H)	
Tel (W)		Fax	
Email			
Postal Address			
Village/Town			
Physical Address			

About your spouse (only complete if adding spouse)

Title		Initials	
Surname			
First name(s)		Sex	☐ M ☐ F
Date of birth		Employer	
ID or passport number		Country of issue	
Cell		Tel (H)	
Tel (W)		Email	

About your dependants (only complete if adding child dependants)

REGISTRATION OF ADDITIONAL DEPENDANTS

DEPENDANTS TO BE COVERED

First Names & Surname(s)	Birth Dates	Passport Number	Gender
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F
			☐ M ☐ F

Commencement of cover

Cover commencement date			
Name of previous health insurer			
Period of previous cover: From:		To:	

Failure to complete all information and attach the documents required will delay processing of the application. Failure to disclose material information or provision of incorrect information can result in the immediate cancellation of cover.

Signature: Date (DD/MM/YYYY):

Personal data collected on this form is processed in accordance with the Data Protection Act No. 18 of 2024 (Botswana) and Alpha Direct's privacy notice.

Clause references: Alpha Direct Health Insurance Policy Wording, effective 1 September 2025 — Clause 9.1 (application to add a dependant at any time, subject to underwriting, required documents and payment of the applicable additional premium); Clause 9.2 (cover begins only once the Insurer has approved the dependant and the applicable premium has been paid); Clause 9.6 (acceptance of any dependant is at the Insurer's discretion); Clause 10.1 (notification of change in marital status within thirty days); Clause 11.1 (registration of a newborn within thirty days of birth; late registration attracts a three-month waiting period); Clause 11.2 (addition of a legally adopted child); Clause 6.4 (misrepresentation or non-disclosure may result in cancellation of the policy and/or rejection of claims).

ALPHA DIRECT HEALTH INSURANCE

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