

# MEMBER CONSENT FORM - RE NEXT OF KIN COMMUNICATION WITH BESTMED



## 1. DECLARATION

I, 



  
 Membership number

hereby nominate and appoint:

Name 



  
 Surname 



 Initials 



  
 Email address 



  
 ID number 



 Gender 







  
 Cellphone number

### Physical address

Address 



  
 Street 



  
 Suburb 



  
 Town/city 



 Postal code

(Hereinafter referred to as my next of kin), to act in my stead for purposes of all my dealings with Bestmed. I therefore revoke my right to communicate with Bestmed for purposes of my medical aid with Bestmed.

1. I expressly give informed consent for Bestmed to share my Personal/Special Personal Information, as defined in the Protection of Personal Information Act, 4 of 2013 ("POPIA") with my next of kin.
2. I confirm that I am aware that my Personal/Special Personal Information includes, but is not limited to my health, medical and treatment records.
3. I further expressly give informed consent for Bestmed to obtain/process my Personal/Special Personal Information from my next of kin.
4. I confirm that I understand that the Personal/Special Personal Information that may be obtained and/or disclosed to/obtained from my next of kin may include the Personal/Special Personal Information of my Dependents.
5. Insofar as my next of kin provides Bestmed/obtains from Bestmed the Personal/Special Personal Information of my Dependents, I hereby warrant that I have acquired the consent of such Dependant in case of them being above the age of 18, and in the event of that individual being a child, I am a "competent person" in respect of such Personal/Special Personal Information, as defined in POPIA.
6. I confirm that I am aware that by giving this consent, my next of kin will have access to my Personal/Special Personal Information on all Bestmed platforms as Bestmed may use from time to time, including but not limited to Bestmed's web portal, mobile application and any other electronic communication platforms.
7. I am aware that I can revoke this consent at any time by giving written notice to Bestmed.
8. I therefore indemnify and hold Bestmed harmless against any claims of whatever nature that may arise as a result of the disclosure and/or sharing of my Personal/Special Personal Information.

## 2. MEMBER SIGNATURE

Name

Signature of member \_\_\_\_\_

Date

## 3. NEXT OF KIN SIGNATURE

Name

Signature of next of kin \_\_\_\_\_

Date