



DomestiCare

Healthcare for domestic workers



New DomestiCare Member Registration Form

Employers that want to register their employees for the first time must first complete the form below and email the completed form to info@domesticare.co.za or fax the form to 021 413 1913. DomestiCare will process the application, issue the membership card and post it to the employer, once confirmation of payment has been received.

Please contact DomestiCare on 0860 101 159 or email us at info@domesticare.co.za if you need assistance.

Visit our website for more information on the DomestiCare products: www.domesticare.co.za

Employee details

Employee First Name	
Employee Surname	
Employee data of birth	
ID no./Passport no.	
Gender	
Employee cell no.	

Employer details

Employer First Name	
Employer Surname	
ID no./Passport no.	
Employer Email Address	
Daytime Address (for delivery of membership card)	
Postal Code	
Phone Number	
Fax Number	
Cell Number	

DomestiCare Option *Mark the required option with an "X"*

DomestiCare Basic

Monthly debit order payment

Annual upfront payment

Effective start date of benefits

DomestiCare Plus

Monthly debit order payment

Annual upfront payment

General

Bank reference no.	
How did you hear about DomestiCare?	Domestic Angels
Broker Code	120

Signature of Employer: _____

Date: _____

Employer Name: _____