

Please use a pen and print all entries in CAPITALS. Please tick all boxes this way

I wish to register for: ID·Assist™ MEDI·Assist™

Registrant Details (Person being registered for this service)

Title: Mr. Mrs. Ms. Other:

First Name: Nickname(s):

Middle name(s): Preferred name:

Surname:

Gender: Male Female Date of Birth: / /

Telephone Numbers (include STD Area Code)

Home: () Work: () Mobile:

Residential Address

No. & Street:

Suburb: City: (nearest major city/town)

State: Postcode:

Mailing Address: (if different to residential address above)

No. & Street:

Suburb:

State: Postcode:

Email Addresses (2 email addresses can be nominated)

Primary Email:

Secondary Email:

Details provided by: Registrant Other Contact Person

Contact Details - Primary Contact Person

Contact in Emergency Contact for Information (eg. 6 monthly updates) Provided Registrant Details

First Name: Surname:

Telephone Numbers (include STD Area Code)

Home: () Work: () Mobile:

Residential Address

No. & Street:

Suburb:

State: Postcode:

Mailing Address (if different to above)

No. & Street:

Suburb:

State: Postcode:

Contact Email Addresses (2 email addresses can be nominated)

Primary Email:

Secondary Email:

Relationship to the Registrant

Please describe relationship: (eg. wife/son/director of nursing)

Lives with the Registrant? Yes No N/A

If Yes, please indicate **type of legal authority** below:

Enduring Power of Attorney Empowered to Act as Agent Guardian

Parent (if registrant is a child) Makes decisions on behalf of Registrant