

Registration of Full Time Student Dependants

Part A Contributor's Details

Contributor Name:

Contributor Number:

Date of Birth:/...../.....

Address:

.....

Part B Student Dependant Registration

Only available to dependants who are **FULL TIME** students between the ages of 18 and 24 years inclusive.

Please complete the following:

Name of student:

Student's date of birth:/...../.....

Name of the Educational Facility:

Course:

Student ID number:

Enrolled full-time in: [please tick]

Semester 1 only

Semester 2 only

Semesters 1 & 2

I certify that the person/s entered above is/are full time students.

Signed: Date:/...../.....