

**Royal Nursing Home(Private) Limited Company.
Health Care Membership Application**

FIRST NAME (Mr / Mrs / Miss)		M INITIALS		LAST NAME	
DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S	NIC	BLOOD GROUP	NATIONALITY
ADDRESS				CITY	POSTAL CODE
MAILING ADDRESS (if different)				CITY	POSTAL CODE
HOME PHONE		OFFICE PHONE		MOBILE	FAX
NUMBER OF DEPENDANCE <input type="text"/> <input type="text"/>	PREFERRED LANGUAGE <input type="checkbox"/> SINHALA <input type="checkbox"/> ENGLISH		OCCUPATION	EMAIL ADDRESS	
Person to be contacted in the absence of the customer					
NAME		LAND PHONE		MOBILE	
ADDRESS		CITY		POSTAL CODE	

You are applying for membership as an individual ☐
on behalf of all family members. ☐

Details of members being included into the loyalty program

NAME	Relationship to you	Sex	Date of Birth
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

I hereby certify that the above information provided to Royal Nursing Home(Pvt)Ltd is true and accurate and I have read and agreed to the conditions stipulated by the company.

.....
Customer Signature

.....
Date