

Date of commencement	2012/02/01	End date	2012/07/31
Membership Number	4900081	Reference Number	11CX30942201112220215

PERSONAL PARTICULARS

Surname	Vaillant	Amount Paid	1908
First name/s	Gauthier Marie Pierre Roger	Gender	Male
Title	Mr.	Marital status	Single
Date of birth	1991/10/27	Passport issued in	France
South African postal address	, , , , Eastern Cape ,		
South African physical address	c/o International Office - Rhodes University , Eden Grove Building - Lucas Avenue , , Grahamstown, Eastern Cape ,6139		
Email address			
Telephone details (B)		(H)	
Facsimile details (B)		Cell	0678721315
Study Institution	Rhodes University	Student no	
Country of Origin		Embassy	
Gross Monthly Income	0.00		

DEPENDANT DETAILS

Name	Surname	Relationship	Gender	Date of birth
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MEDICAL DETAILS

Please indicate and provide details of whether any medical treatment, including acute conditions, you or any of your dependants have ever experienced or have received during the last twelve months or anticipate receiving within the next twelve months.

have ever experienced or	no
have received during the last twelve months or	no
anticipate receiving within the next twelve months	no

If you answered "Yes" to any of the above questions, please provide details below:

Name	Details of condition	Date of treatment	Degree of recovery
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Selected Doctor name

Supplier: 126357