

6. DECLARATION OF HEALTH OF HOLDER (continuation)

Have you ever had an accident? If yes,
what was the nature and the consequences of the accident?
.....

Do you have any disabilities?
.....

Please enter the following in figures: Height: cm

Weight: kg

Please enter your blood pressure stats:

Maximum pressure:

Minimum pressure:

The undersigned hereby states that the answers given above are true and accurate and no omissions have been made and that they have disclosed any and all previous medical conditions and illnesses fully in the foregoing sections, having being duly noted that these statements are essential elements for determining risks. Likewise, the undersigned hereby authorises Mutuality to subject them to a medical check-up if the Governing Board so decides.

Likewise, the undersigned hereby states they have read and accept the Terms and Conditions of Mutuality.

In, on of

Applicant's signature

.....

Approved by the Ministry of Work and Social Security and registered with the ID number

3142/83 Administered by: Avda. de la Industria, 8 - Oficina, 3-2º D -

28108 ALCOBENDAS (Madrid)

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Their future depends on you

ENROLMENT FORM



**SEK School
Mutual Benefit Society**

Avda. de la Industria, 8
Naves 8 y 9
28108 Alcobendas - Madrid
www.sek.es



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ENROLMENT FORM

1. HOLDER DETAILS

Surname(s) and Name:
.....
Address
Town/city P.C.
Province Tel.
Mobil E-mail
Date of birth: Day Month Year
ID card..... Profession
.....

2. HOLDER SPOUSE DETAILS

Surname(s) and Name:
.....
Address
Town/city P.C.
Province Tel.
Mobil E-mail
Date of birth: Day Month Year
ID card..... Profession
.....

3. BILLING ADDRESS

Organisation
Office Address
..... P.C.
Town/city Control Digit
Account n°

4. LEVEL OF COVERAGE

School fees for beneficiary(ies) as of the death of the holder.

5. BENEFICIARIES

5.1. Surname(s) and Name:
.....
Year School enrolled in
.....

5.2. Surname(s) and Name:
.....
Year School enrolled in
.....

5.3. Surname(s) and Name:
.....
Year School enrolled in
.....

5.4. Surname(s) and Name:
.....
Year School enrolled in
.....

6. DECLARATION OF HEALTH OF HOLDER

Are you currently in good health?
.....
Are you currently fit to work?
What are you past medical conditions?
.....
Have you ever undergone surgery?
If yes, what for and when?
.....
.....