

**Application for Registration on the Pick n Pay Maternity Management Programme**

Membership Number

Date

Surname

First Name/s

Are you currently pregnant or planning to fall pregnant? (Tick in block)

Pregnant Planning 

If you are pregnant, please fill in the blocks below to tell us how far you are in your pregnancy

Expected Date of Delivery (EDD)

No. of Weeks  
Pregnant today

Please provide us with your contact details in the spaces below so that we can keep in touch

Home Phone

code

Work Phone

code

ext

Shop/Department

Cell Phone (yours)

Cell Phone (alt)

e-mail address

Postal address

Doctor's Name &amp; Phone Number

Have you been Pregnant before? Please tick Yes or no

Yes No 

If yes, when was your last Pregnancy? How many pregnancies?

Were any still-born or miscarried?

Yes No 

If yes, how many and how long ago?

Have you had any other problems with a previous pregnancy or this pregnancy?

Yes No 

Please provide details here:

Please return this form to the Pick n Pay Maternity Programme by

e-mail – [pnpbaby@pha.co.za](mailto:pnpbaby@pha.co.za) or

Fax: 0866 630871 or 031 267 0227

You can also contact one of our Midwives on the following number:

0860 767 633 – Option 3 from 08h00 to 16h30 Monday to Friday