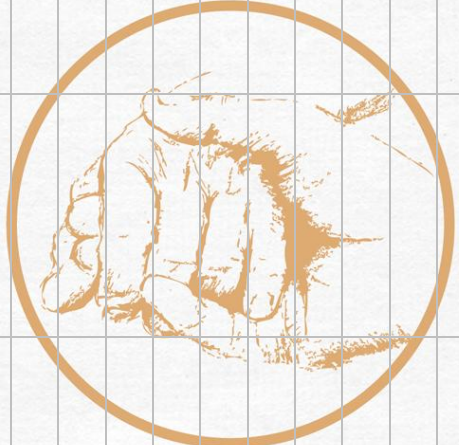


Help Saba Cancer *Charitable Trust*

Patient Registration Form

If you would like to register for our service please complete the form below and return it to your practice in person, **along with a valid form of identification, for example photo ID or your passport.** Once you are registered the practice will give you the information we will consider you for our services.

Patient details		Please complete in BLOCK CAPITALS																		
Patient first name																				
Patient surname																				
Date of birth		D	D	/	M	M	/	Y	Y	Y	Y									
Email address																				
Mobile number																				
Gender (m/f)																				
Occupation and income level/ employer organization type.																				
Any dependents and number of earning people in household.																				
Address																				
Currently if taking help from any other person/ charity and if insured, please provide details.																				
Bank Account Details																				
Please sign and date																				
Print first name																				



Help Saba Cancer
Charitable Trust



Patient Registration Form

Checklist

ID Proof (Number and if photocopy received)	
Address proof(Number and if photocopy received)	
Medical condition/ problem	
Hospitals and doctors attended till now (any proofs to be enclosed)	
Cancer Society or any other registration numbers (proofs to be enclosed)	
Type of help wanted from Help Saba (any proofs for this to be enclosed)	
Is the patient consenting for Help Saba ground team to verify the patient credibility and genuineness	
Photograph of the patient	

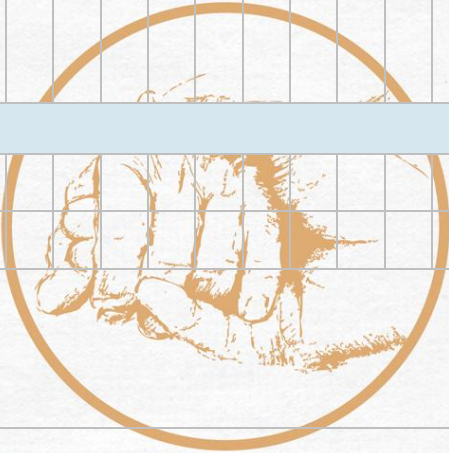
Help Saba Cancer
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Patient Registration Form

Patient Registration Acknowledgement

Patient details		Please complete in BLOCK CAPITALS																		
Patient first name																				
Patient surname																				
Gender (m/f)																				
Occupation																				
Address																				
Please sign and date																				
Print first name																				
Print surname																				
Help Saba Official Seal on photographs of patient																				
Current Status of verification of the ground status																				
Date																				
Help Saba Patient Number																				



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