

GIBRALTAR HEALTH AUTHORITY - Group Practice Medical Scheme

- Application to register as a person not in employment
- Application for exemption on the grounds of low income

To: The Administrator, Health Centre

Surname: Name:

Are you currently registered: Yes / No Marital Status:

Name of spouse (if married):

Address:

Tel No: Date Of Birth: Doctor:

Blood Group: I.D Number:

Nationality: Sex: Male / Female Blood Donor: Yes / No

Number of Dependants: () **See note below** Diabetic: Yes / No

My income per week is as follows:

Details Per Week	
Income from employment (if any)	
Occupational pension	
Other income (specify below)	
Maintenance allowance	
Gratuities	
Income from employment (if any)	
Dividends, interest royalties	
Rents (see note below)	
Other premiums or other profits arising from property	
*Rents include rents received from lodgers sub - tenants	

I _____ of _____
 hereby declare that the above particulars are true to the best of my knowledge and belief. I acknowledge that it is an offence punishable on summary conviction by a fine or imprisonment wilfully to make any false statement or any material misrepresentation in this application, and I further declare that I hereby authorise the Commissioner of Income Tax to supply the General Manager of the Gibraltar Health Authority with a copy of the latest available Income Tax Assessment Form. My Tax Ref Number is _____.

Date: _____ Signature: _____