



South African Haemophilia Foundation

Member Information

Name and Surname:

Address:

Phone Numbers Home:

Work:

Cellphone:

E-mail address:

(Please select the appropriate box)

Are you a PWH or a family member

If PWH are you on a medical aid? Yes No



For travel bag distribution purposes only, if you are on a medical aid, which pharmacy do you receive your factor from?

Which clinic do you attend?

Please send me a (please select one of the following)

2000 IU Factor Travel Bag 4000 IU Factor Travel Bag

* If you have chosen to print this form, it should be returned to your haemophilia clinic, faxed to 021 785 7140 or posted to one of the regional offices:

Gauteng
SAHF 79
Honiball Street
Rynfield
1501

Contact: Paul Scott
011 849 1733

KZN
SAHF c/o Sr P Nkosi
P O Box 18340
Dalbridge
4014

Contact: Phumi Nkosi
031 360 3680

Cape
SAHF
P O Box 172
Plumstead
7801

Contact: Judy Butler
021 785 7140