

Bella Rose Birthing Centre

SHELDON FARM
R538 (PLASTON KARINO RD)
KARINO
MPUMALANGA

PO Box 4040, WHITE RIVER, 1240
TEL: 083 445-0376
FAX: 086 684-9359
Email: enquiries@bellarosebirthing.co.za

CONFIRMATION OF BOOKING

Thank you for your interest in the Bella Rose Birthing Centre. We are here to provide you with a beautiful and memorable birth experience. Please let us know if there is anything more we can do to help you achieve this.

GUESTS

Father

Name: _____

Tel: _____

Cell: _____

Fax: _____

Email: _____

Address: _____

Postal Code _____

Mother

Name: _____

Tel _____

Cell: _____

Fax: _____

Email _____

Doctor: _____

Midwife: _____

Due Date: _____

PAYMENT

Birthing Facility R _____ 6,000-00

DEPOSIT TO SECURE BOOKING (50%) R _____ 3,000-00

If deposit not paid within 14 days of this confirmation, the booking will be cancelled.

OUTSTANDING BALANCE TO BE PAID AT TIME OF 36 WEEK CHECK UP.

Our Banking Details

NAME: FOOD BY REQUEST CC
BRANCH: WHITE RIVER
ACC NO: 13-271-037-4

BANK: STANDARD BANK
CODE: 053052
TYPE: BUSINESS SAVINGS

Bella Rose can accept no responsibility, at all, for any damage, injury, illness or death caused to or suffered by any person. It is on the strict understanding and acceptance of this disclaimer clause that Bella Rose accepts the admission of the client to its birthing facility.

SIGNATURE: _____

DATE: _____