

Contact us

Tel: 0800 226 5633 (0800 BANKMED) • Private Bag X2, Rivonia, 2128 • www.bankmed.co.za

Becoming an employer contact

This form should be completed when an employer contact needs to be loaded for Bankmed.

How to complete this form

- Fill in the form in black ink, using one letter per block. Kindly print clearly
- Sign the application form
- Once complete, kindly e-mail it to employercontactapp@bankmed.co.za

When you sign this form, you confirm that the information provided is true and correct.

1. Employer details	
Employer name	Employer number
Branch name	Branch number
Postal address (this is the postal address of your employer)	
☐ Suite ☐ Postnet Suite Number ☐	
☐ PO Box ☐ Private Bag Box number ☐	
Suburb	Postal code
If your post is delivered to your street address, please complete these details under physical address.	
Physical address: (this is the physical address of your employer)	
Suite/Unit number Complex name	
Street number Street name	
Suburb	Postal code
2. Employer contact details	
Is this a new employer contact? Yes No	
Is this a replacement employer contact? Yes \(\square\) No \(\square\)	
If yes to replacement of employer contact, complete the below so the	employer contact that is being replaced can be removed
Title Initials Surname	
First name(s) (as per identity document)	
Preferred name	Date of birth
ID or passport number	Country of issue
3. Kindly complete this section for a new employer contact	
Title Initials Surname	
First name(s) (as per identity document)	
Preferred name	Sex M F Date of birth Y Y Y M M D D
ID or passport number	Country of issue
Job title	
Telephone (W)	Cellphone
E-mail	
Signature of employer applicant	Signature of Direct report or Manager
Print name	Print name
Date Y Y Y M M D D	Date Y Y Y M M D D

Bankmed Medical Scheme is a registered medical scheme with the Council for Medical Schemes (CMS). The CMS contact details are as follows: e-mail complaints@medicalschemes.com / Customer Care Centre: 0861 123 267 / website www.medicalschemes.com