

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 No

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 Date of birth

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 Date