

Section B: (To be completed by the main member)

Compulsory Information – Confirmation of banking details and debit order authorisation

Kindly complete the sections below to ensure that all banking details and debit order authorisations are current.
Please provide banking details for both claims refund and contribution purposes:

	Banking details for claims refund purposes:	Banking details for contribution (Debit Order) purposes:
Bank (e.g. ABSA, FNB, SBSA, etc.)		
Branch code (e.g. 632005)		
Account number		
Account type (e.g. Current /Cheque, Savings, Transmission)		

I hereby confirm that my employer is authorised to debit my salary with my portion of the monthly contributions required by Bankmed, in terms of the Rules of the Scheme. I furthermore authorise Bankmed to withdraw from my bank any contributions and/or debt owing by me in terms of the Rules of the Scheme.

D	D	M	M	Y	Y	Y	Y
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Name And Surname

Signature

Date

Section C: (For completion by the new Employer)

Compulsory Information (Authorised Company Signatory)

Employee name and surname:

Applicant's employee number:

Date of employment with new employer: Gross monthly salary of employee:

Name of employer/company:

Employer number:

Physical address of employer/company:

Postal code

Employer's telephone number:

Employer's e-mail address (To be used by Bankmed when corresponding with the Employer):

Change of employer transfer form submitted by (indicate full name and surname):

D	D	M	M	Y	Y	Y	Y
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Signature Of Personnel Officer/
Payroll Stamp

Designation

Date

Please submit completed transfer forms
(Signed and stamped by the employer/authorised company signatory)