

Permission to change banking details

Please use this form to update the banking details we have on record for you.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

- Please use one letter per block, complete in black ink and print clearly.
- To avoid administration delays, please ensure this application is completed in full.
- You need to submit the following with this form:
 - Copy of ID
 - Bank statement/letter of confirmation from the bank not older than 3 months.
- Once it is complete, kindly e-mail to administration@bankmed.co.za or fax the form to 021 527 1926

Upon signing this application, you confirm that the information provided is true and correct.

1. What do you wish to change?

Debit order details ☐ Claims payment details ☐ Both ☐

2. Main member details

Membership number
ID number

3. New account details for premium collection/refund details - Accountholder details

These details will come into effect from the date that they are loaded onto the system.

Please note that we cannot accept credit card details

Please tell us why you are updating your debit order banking details by choosing the correct option:

- Transfer of membership to private capacity (if you are paying your full contributions) from your personal bank ☐
- Normal premium collection/refund details update ☐
- Subsidy bank details (only if you pay a portion of your contribution and the balance is paid by your employer) ☐
- When should we start using the new banking details

Accountholder
Bank
Account number
Type of account Cheque ☐ Savings ☐
Branch number - - - Branch name

4. New account details for claims payment

When should we begin using the new banking details?

As per debit order details ☐

Please note that we cannot accept credit card details

Accountholder
Bank
Account number Branch number - - -
Type of account Cheque ☐ Savings ☐
Branch name

5. New account details

Your banking details will only be amended if:

1. All the relevant fields on this request form have been completed.
2. The request has been signed by the main member.
3. Documentation required in "How to complete this form" accompanies this form.

I, _____ (first and last name), as the main member,
give the Scheme permission to change my banking details.

Signed at (town or city) _____ on **20**^{Y Y} **M M**^{D D}

Signature of
main member

Original hand signature required

Signature of
Accountholder

Original hand signature required

If the Accountholder differs from the main member, the Scheme and the administrator reserve the right to obtain bank confirmation.