

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

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full.
3. You need to submit the following with this form:
 - 3.1. Copy of ID/passport of the accountholder and copy of ID/Passport of the Principal Member if using another person's bank account.
 - 3.2. Bank statement/letter of confirmation from the bank not older than 3 months.
4. 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. Principal 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:

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

Accountholder

Bank

Account number

Type of account Cheque Savings

Branch number - - - Branch name

Accountholder's physical address

4. New account details for claims payment

When should we begin using the new banking details?

D	D	M	M	Y	Y	Y	Y
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As per debit order details

Please note that we cannot accept credit card details

Accountholder

Bank

Account number

Branch number

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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 Principal Member
3. Documentation required in the step 3 of "What you must do" accompanies this form.

I, (first name and surname),
as the Principal Member, give the Scheme permission to change my banking details.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of
Principal Member

Original hand signature required

Signature of
accountholder

Original hand signature required

If the accountholder differs from the Principal Member, the Scheme and the administrator reserve the right to obtain bank confirmation.

6. Terms and Conditions

This signed authority and mandate refers to the application on the signed date ("the agreement")

I/We, the undersigned:

- Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct;
- Authorise Bankmed Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by Bankmed Medical Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application to change banking details on condition that the sum of such payment instructions will never exceed my obligations as framed in the which shall commence on the date that the banking details are effective and shall continue until this authority and mandate is terminated by me by giving Bankmed Medical Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this authority and mandate.
- Confirm that that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection and there is an amount, outstanding Bankmed Medical Scheme can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Authorise Bankmed Medical Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement
- Acknowledge that my bank will treat each payment instruction to pay premiums or amounts due under this agreement to Bankmed Medical Scheme as if each payment instruction came from me personally as the account holder.
- Undertake to advise Bankmed Medical Scheme in writing of any changes to my account details and acknowledge that Bankmed Medical Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify Bankmed Medical Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify this membership;

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- Acknowledge that although this authority and mandate may be terminated by me, such termination does not necessarily terminate this agreement. In the event of such termination I am not entitled to any refund of any premiums or amounts due that was withdrawn by Bankmed Medical Scheme whilst this authority and mandate was in force if such premiums or amounts were legally owing to Bankmed Medical Scheme in terms of the agreement;
- Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.

Reference number

This Agreement reference numbers are BANKMEDCON, BANKMEDCLA

Signature of bank accountholder

Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if you have read and understand this statement

In addition to the above terms, the policyholder must agree to the following:

1. I confirm that I have the right to give Bankmed Medical Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Bankmed Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorize Bankmed Medical Scheme to verify the banking details as provided above for the purpose of setting up a debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a premium collection date I authorize that Bankmed Medical Scheme may deduct a double debit of my premiums the following month.

I, (Full name(s) and surname according to your identity document), as the Principal Member, give Bankmed Medical Scheme permission to change my banking details.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of Principal Member

Please only sign if you have read and understand this statement