

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. Or complete digitally.
- 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	<input type="text"/>	Employer number	<input type="text"/>
Branch name	<input type="text"/>	Branch number	<input type="text"/>

Postal address (this is the postal address of your employer)

<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet suite	Number	<input type="text"/>
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>

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	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>

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	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>				
Preferred name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or passport number	<input type="text"/>	Country of issue	<input type="text"/>		

3. Kindly complete this section for a new employer contact

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>				
Preferred name	<input type="text"/>	Sex	<input type="text"/> M <input type="text"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
ID or passport number	<input type="text"/>	Country of issue	<input type="text"/>		
Job title	<input type="text"/>				
Telephone (W)	<input type="text"/>	Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>				
Signature of employer applicant	<input type="text"/>		Signature of Direct report or Manager	<input type="text"/>	
Print name	<input type="text"/>		Print name	<input type="text"/>	
Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		