

## 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		Employer number	
Branch name		Branch number	

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

<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet suite	Number	
<input type="checkbox"/> PO Box	<input type="checkbox"/> 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	Y	Y	Y	Y	M	M	D	D
ID or passport number		Country of issue								

### 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		