

Continuation form

Application to change a Principal Member

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. This form must be completed by the person applying to be the Principal Member.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Employer Contact.
5. When you sign this application, you confirm that you have read and understood the terms and conditions for membership and agree to them.

1. About your employer (if you are employed by a Local Government employer or related employer)

Employer name	<input type="text"/>	Date of employment	<input type="text"/>
Employer number	<input type="text"/>		
Branch name	<input type="text"/>	Branch number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

2. About the new Principal Member

Date membership of new member starts	<input type="text"/>	Membership number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Tax number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Job title	<input type="text"/>	
Title	<input type="text"/>	Initials	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
First name(s) (as per identity document)	<input type="text"/>			
Preferred name	<input type="text"/>	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth	<input type="text"/>			
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Previous/maiden name	<input type="text"/>			
ID or passport number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employee number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Country of issue	<input type="text"/>			
Telephone (Home)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Work)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Cellphone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Physical address	<input type="text"/>			
Postal address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
E-mail	<input type="text"/>			
Preferred means of communicating (where appropriate)	E-mail <input type="checkbox"/>	Post <input type="checkbox"/>	E-mail type Home <input type="checkbox"/> Work <input type="checkbox"/>	
In which country do you reside?	<input type="text"/>			

3. Banking details for the new Principal Member's monthly contribution (if applicable)

What you must do

Submit the following with this form: (1) Copy of account holder's ID (2) Bank statement/letter of confirmation (not older than three months) from the bank.

Bank name	<input type="text"/>			
Branch name	<input type="text"/>	Branch code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Account number	<input type="text"/>			
Name of account holder	<input type="text"/>			
Type of account	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>		
Account holder's physical address	Own <input type="checkbox"/>	Third party <input type="checkbox"/>	Company <input type="checkbox"/>	Trust <input type="checkbox"/>
Physical address	<input type="text"/>			Code <input type="text"/>
Account holder's e-mail address	<input type="text"/>			
Account holder's contact number	<input type="text"/>			

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holders residential address, e-mail address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system, if you wish to update any contact details please visit www.bankmed.co.za.

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder	<input type="text"/>
Signature of new Principal Member	<input type="text"/>

Please note: Should you be using someone else's bank account, the account holder must sign above to confirm this.

4. Banking details for claim refunds

Same as per section 3? Yes No

What you must do

Submit the following with this form: (1) Copy of account holder's ID (2) Bank statement/letter of confirmation (not older than three months) from the bank.

Should we not receive banking details, we cannot refund your claims. You may only use a South African bank account.

Bank name	<input type="text"/>			
Branch name	<input type="text"/>	Branch code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Account number	<input type="text"/>			
Name of account holder	<input type="text"/>			
Type of account	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>		

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder	<input type="text"/>
Signature of new Principal Member	<input type="text"/>

By signing the above you agree that, once claims have been refunded into the bank account you have chosen, the Scheme will no longer be responsible in any way for the amounts refunded.

5. Bankmed Privacy Statement

This document reflects the Privacy Statement for Bankmed, administered by Discovery Health (Pty) Ltd.

How we will process and disclose your personal information and communicate with you

Definitions

The Scheme refers to Bankmed Medical Scheme and administered by Discovery Health (Pty) Ltd, the Administrator, registered with the Council for Medical Schemes.

Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, a Council for Medical Schemes accredited administrator and managed care organisation and a subsidiary of Discovery Limited (registration number 1999/007789/06).

You and your refers to the member and the dependants on the medical scheme which may include your spouse, children and other dependants as the case may be.

Your personal information refers to personal information about you, and your employees (as relevant). It includes information about race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the individual amongst other things.

Process(ing) (of) information means the lawful and reasonable automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

Competent person means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

1. Application of requirements of the Protection of Personal Information Act ("POPI")

- 1.1. This Privacy Statement explains how Bankmed and its administrator and managed care service provider (currently Discovery Health (Pty) Ltd) (we/us) obtain, use, disclose and otherwise process personal information, which may include health and financial information ("Personal Information"), in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time. Any other party, including the administrator and managed care service provider, that may have access to your Personal Information via Bankmed, is prohibited from using such information for any other purpose not approved by Bankmed. The administrator and managed care service provider, in particular, can only use the information strictly in compliance with the agreement between Bankmed and the administrator and managed care service provider.
- 1.2. We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third party data sources.
- 1.3. Please note
 - We may amend this Notice from time to time. Please check our website periodically to remain informed of any changes;
 - You have the right to object to the processing of your Personal Information;
 - Should you believe that we have utilised your Personal Information contrary to applicable law, you shall first resolve any concerns with us. Should you not be satisfied with the process, you have the right to lodge a complaint with the Information Regulator, under POPIA.
- 1.4. Any information, including Personal Information relating to yourself and your dependents and/or beneficiaries, supplied to us or collected from other sources ("Your Personal Information") will be kept confidential.
 - You confirm that when you provide us with your Personal Information, your dependant/s and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes. In the event that you are providing information and signing consent on behalf of a minor (person younger than 18 years old) you confirm that you are a competent person and authorised do so on their behalf.
 - You understand that when you include your spouse and/or dependents on your application, we will process their personal information for the activation of the policy/benefit and to pursue their legitimate interest. We will furthermore process their information for the purposes set out in this Privacy Statement.
 - Each party accepts responsibility to the extent that the processing activities of personal information fall under the control of that party, and agrees to indemnify the other party/ies against any loss or damage, direct or indirect, that a member or his/her dependant may suffer because of any unauthorised use of the member's or dependant's personal information, or if a breach of the member's or dependant's personal information occur, but only if the processing of that personal information is controlled by that party.
- 1.5. You agree to our processing and disclosing Your Personal Information in the following manner: We may collect, collate, process, store and disclose your Personal Information:
 - For the administration of your health plan;
 - For the provision of managed care services to you or any dependant/s on your health plan;
 - For the provision of relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your health plan;
 - In the event of any member ceasing to be a member, any amount still owing by such member in respect of himself or his dependants shall be a debt due to the Scheme and recoverable by it. Therefore, for the provision of information to a contracted third party who performs a debt collection service to the Scheme, where you owe the Scheme an outstanding debt;
 - To profile and analyse risk;
 - For academic research only where this is specifically approved by Bankmed.

Examples of how this will happen includes:

- Obtaining your Personal Information from other relevant sources, including any entity that is related to the administrator, medical practitioners, contracted service providers, health information exchanges, employers, credit bureaus or industry regulatory bodies ("Sources"), and further processing of such Information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the Sources that your Personal Information is true, correct and complete. This, amongst other things, will allow the Scheme and the administrator (although to a limited extent) to ensure that a member is not a member of more than one medical scheme as this is prohibited by the Medical Schemes Act;
 - Communicating with you regarding any changes in your health plan, including your contributions or changes and enhancements to the benefits you are entitled to on the health plan you have selected;
 - Transferring your Personal Information outside the borders of the Republic of South Africa where appropriate, if you provide an e-mail address which is hosted outside the borders of South Africa, or for processing, storage or academic research (where such research is specifically approved by Bankmed). We will ensure that anyone to whom we pass your Personal Information agrees to treat your information with the same level of protection as we are obliged to;
 - Utilising external health specialists to assess or evaluate certain clinical information. Your Personal Information will be shared with such specialist/s in the event that you or your dependant/s are subject to such a clinical assessment.
- 1.6. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.
- 1.7. If asked to do so, we will share your Personal Information with a third party if you have already given your consent for the disclosure of this information to such third party or if a contractual relationship exists in terms of which we are obliged to provide the information to such third party.
- 1.8. You consent and agree that:
- We may process your information, including personal information, to conduct sanction screening against all mandatory and non-mandatory sanctions lists and to perform transaction monitoring activities;
 - We may communicate such personal information to local and international Regulatory Bodies if you are matched to one of these sanctions lists.
- 1.9. Should you wish to share your information for any other reason, we will do so only with your permission.
- 1.10. You have the right to request a copy of the Personal Information we hold about you. To do this, simply complete the 'Access Request Form' on www.bankmed.co.za/legal and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your Personal Information. Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.
- 1.11. You have the right to contact and ask us to update, correct or delete your Personal Information. Bankmed and its administrator have the right to communicate with you electronically about any changes on your health plan, including your contributions or changes to the benefits you are entitled to on the health plan you have chosen.
- 1.12. You agree that we may retain your Personal Information until such time as you request us to destroy it (unless we are obliged by law to retain it, regardless of such request, for the pursuit of our legitimate business purpose). Where we cannot delete your personal information, we will take all practical steps to anonymise it.
- 1.13. You have the right to update, correct or delete your personal information. To do this log into bankmed.co.za:
- Click on the YOUR DETAILS tab at the top of the page
 - Then click on the UPDATE YOUR DETAILS tab (This applies for dependant details as well)
 - Follow the prompts to check that your details are listed correctly
 - Update your details if they are outdated or incorrect
- 1.14. Bankmed and its administrator and managed care service provider are required to collect and retain information in terms of the following legislation (amongst others):
- The Medical Schemes Act, 1998
 - The Consumer Protection Act, 2008
 - The Protection of Personal Information Act, 2013
 - Electronic Communications and Transactions Act, 2002
 - Promotion of Access to Information Act, 2000
 - Legislation specific to the administrator and managed care service provider only:
 - Financial Advisory and Intermediary Services Act, 2002
 - Companies Act, 2008
- 1.15. You agree that Bankmed and its administrator may transfer your personal information outside South Africa:
- if you give us an email address that is hosted outside South Africa; or
 - for processing, storage or academic research, only where this is specifically approved by Bankmed; or
 - to administer certain services, for example, cloud services.

When we share your information to administer certain services, we will ensure that any country, company or person that we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to do in South Africa. Unless you specifically give us consent to share your personal information with such person (or company).

- 1.16. You have the right to know what personal information the Scheme holds about you. If you wish to access this information, please complete a 'PAIA Form to Request Access to Records' available. This form can be found on www.bankmed.co.za and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
- 1.17. Bankmed may change this Privacy Statement at any time. The most updated version will always be available on the Bankmed website (www.bankmed.co.za). Scroll to the bottom of the webpage once you have logged in and select the "Legal" tab. Alternatively, you may click on this link to access the document: <https://www.bankmed.co.za/assets/medical-schemes/bankmed/bankmed-fair-collections-notice-final.pdf>

- 1.18. If you believe that Bankmed or its administrator have used your personal information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulatory. However, we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the Bankmed website. You may click on this link to access the complaints and escalations process:

https://www.bankmed.co.za/medicalschemes_za/bankmed/web/health/linked_content/documents/latest_info/complaints_and_escalations.pdf

If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at: JD House |27 Stiemens Street | Braamfontein |Johannesburg |PO Box 31533 |Braamfontein |Johannesburg |2001 | POPIAComplaints@infoeregulator.org.za or PAIAComplaints@infoeregulator.org.za

Signature of main applicant

Date

D	D	M	M	Y	Y	Y	Y
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Please do not sign an incomplete application form

6. Bankmed terms and conditions

1. Rules for membership

1.1. Who "we" are

Bankmed, registration no 1279, registered with the Council of Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Bankmed, and an authorised financial services provider.

1.2. Rules for membership

The Bankmed Rules records your rights and responsibilities pertaining to your membership of Bankmed. They may change from time to time. You may ask us for a copy at any time or you can access on the website www.bankmed.co.za. When you sign this application, you confirm that you have read and understood the Rules and you agree that you and, those for whom you apply, will be bound by them.

Where applicable you also acknowledge and confirm that the financial adviser, you or your employer appointed, may communicate with us on this application and your membership with Bankmed. You give permission that we may share your medical information and other relevant Personal Information about you and your dependant/s with your chosen financial adviser. The information will be shared so that he or she can contact us if necessary while we process your membership application.

Please speak to your financial adviser or one of our consultants should there be anything you do not understand.

1.3. Who you may apply for

You may apply to join Bankmed on your own or together with your dependants – your spouse, your partner and people who are financially dependent on you as defined in the Bankmed Rules. For anyone to be treated as financially dependent for this application, you must be responsible for providing financially for that dependant. We might ask you to provide us with proof of financial responsibility.

You will be referred to as the principal member or main member in our future communications to you.

1.4. Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

You have the right to apply for membership and to act for those for whom you are applying in any matter relating to this application.

You have received permission from your spouse and any dependant/s over 18 to act on their behalf in any matter relating to this application. In the event that you are signing on behalf of a minor (person younger than 18 years old) that you are a competent person and authorised on their behalf.

1.5. Giving and obtaining information

You must provide true, correct and complete information.

To consider your application for membership, Bankmed must learn more about you and those for whom you apply. This information must be true, correct and complete. This includes the details you provide in this application form and in future dealings with us. It is important that you inform us of any medical condition, symptom or illness relating to you or those for whom you are applying, even if you do not consider it relevant to your application. We may ask for more information about those for whom you are applying if they are 18 years of age and older.

Your legal address.

We will send documents to you at the address you selected as the communication channel at which you prefer to be contacted. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have provided, or at any other address you have supplied. It is your responsibility to ensure we have the correct address for you.

Bankmed and Discovery Health (Pty) Ltd may record telephone calls.

We may record telephone conversations with you and with those for whom you are applying. The recordings and all information we obtain from the recordings will be processed and retained as required by law.

We may obtain information about you from other relevant sources.

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, you give us permission that we may obtain information about you and those for whom you are applying from other relevant sources. These include any entity that provides services to you, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you provide on this application and in respect of any matter pertaining to or that arises during your membership of Bankmed, is true, correct and complete. You give your permission that we may obtain any

information that is relevant to your application and membership from your employer.

Inform us immediately if your information changes.

You, your employer or your financial adviser must inform us in writing should any of the information you have provided, in your application membership, changes between the day you sign this document and the day your membership commences. This includes information regarding your health and the health of those for whom you apply. We require advance notice of any administrative changes such as cancellation of membership, as we cannot accept backdated changes.

When Bankmed may suspend or terminate your membership/s.

Bankmed may suspend or terminate any memberships immediately, should the member or dependant/s on the membership be found guilty of abuse of privilege of the Scheme. It is very important for the member and dependant/s to provide true, correct and complete information on application form and in their dealings with the Scheme.

1.6. Becoming a member

Bankmed might not pay for certain expenses immediately after you become a member.

Bankmed may have waiting periods that apply in certain circumstances. This means there may be a set time period before Bankmed begins paying for any general or specific medical conditions. Please speak to one of our consultants to find out if waiting periods apply to your membership and the memberships of those for whom you are applying.

Resign from current medical schemes when accepted.

It is illegal to be a member of more than one medical scheme at the same time. You and those for whom you are applying must resign from your current medical schemes when you receive notice from Bankmed by letter, e-mail or SMS informing you that you and those for whom you have applied have been accepted.

You must ensure contributions are paid on time.

As the main Bankmed member, you are responsible for ensuring that your contributions and the contributions of those for whom you are applying for are paid on time every month to avoid suspension of benefits. If you pay your own contribution, you will be able to identify the order for your monthly contributions on your bank statement, the reference number BANKMEDCON will be used. The Scheme has the right to amend monthly contributions and benefits from time to time, suspend/ terminate membership if the contributions are in arrears.

1.7. Repaying money owed to the Scheme

Bankmed has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you should there be any such amount owed to the Scheme.

You must repay any medical savings owing should you leave Bankmed.

Once you become a member, depending on the Plan you chose, you may have money available in advance to use for medical expenses over the year. This money is made available in an account called the 'Medical Savings Account'. Should you leave Bankmed before the year is over you must repay the portion of medical savings you have utilised that is more than you have paid back to Bankmed over the year. You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number BANKMEDCLA will be used.

Signature of main applicant

Date

D	D	M	M	Y	Y	Y	Y
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Please do not sign an incomplete application form

7. 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 Agreement 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 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.
- 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
account holder

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 Principal Member 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 authorise 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 can confirm that if I miss a premium collection date I authorise 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