

## Becoming an employer contact

This form must be completed when an employer contact needs to be loaded for Bankmed.

### 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

- Fill in the form in black ink, print clearly using one letter per block. Alternatively, complete it electronically by typing in the fields below.
- 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 fields 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"/>
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"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/>
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"/>
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"/>	Date	<input type="text"/>