

PERSONAL AND BANKING DETAILS FORM

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL

Member name

Name of option

Membership number

Postal address Postal code

Physical address Postal code

Telephone details Work: Cell: Home:

Fax number: Email address

Full names of all beneficiaries registered on Scheme (including main member)	Date of birth	Identity number	Tax number

BANKING DETAILS

Name of account holder

Name of bank

Branch code - -

Account number

Type of account (please tick) Current Savings Transmission

Please tick the appropriate box for authority to access your banks accounts for:

1. Contribution collections

2. Claim refunds

3. Member portion collections up to a maximum value of R500

4. Preferred date of the month for debit order collection

DISCLAIMER

It is the member's responsibility to advise the administrator in writing of any change in banking details. Neither the scheme nor its administrator shall be held liable should an Incorrect account be credited under any circumstances.

Authorised signature/s

Date

Member signature
(if different from authorised signature)

Date