

Postal address PO Box 16148, Doornfontein, 2028
 Share Call 0860 00 0048
 Fax 086 608 0771
 E-mail membership@hosmed.co.za

MEMBERSHIP UPDATE FORM

PLEASE PRINT IN CAPITAL LETTERS. USE A BLACK PEN ONLY. PLEASE MARK APPROPRIATE CHOICE USING A CROSS (X)

SECTION A: MAIN MEMBER INFORMATION

Members Name			Title	
Membership No.		ID No.		
Employer Name		Employee No.		
Preferred Provider Name				
Tax No. (SARS)			Gender	
Practice Number & Area				

SECTION B: CHANGES TO CONTACT INFORMATION

Cell No.		Work Tel.	
Home Tel. No.		E-mail	
E-mail Remittance Statement (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>			

New Postal Address		Postal Code	
New Residential Address		Postal Code	

SECTION C: DEPENDANT DETAIL UPDATE

Surname	Name	Sex	ID number	Notes for change to be made
1.				
2.				
3.				
4.				

SECTION D: TERMINATION OF DEPENDANTS

Surname	Name	Date of Birth	Date of Termination	Reason
1.				
2.				
3.				

SECTION E: OTHER REQUESTS (example: change of surname, rectify personal details not listed above, etc.)

1.	
2.	

Please ensure relevant documentation is attached to the update form to avoid any delay in processing.

I declare that the information given is true and correct and I am aware that any false statement will render my membership of the Scheme null and void.

Signature of Member

HR Stamp

HR Details/Signature

Date