



MEMBER RECORD AMENDMENT

- Change of address • Advice of marriage • Deletion of dependants • Extra card • Bank details

SECTION 1 PERSONAL DETAILS

Member's name: _____

Membership number:

Payroll/persal number:

SECTION 2 ADVICE OF CHANGE OF POSTAL ADDRESS

New postal address: _____

Postal code: _____

Tel (home): () _____ Tel (office): () _____

Cell: _____ Email address: _____

SECTION 3 ADVICE OF MARRIAGE (CHANGE OF SURNAME)

Title: _____ Initials: _____ New surname: _____

Date of marriage: DD / MM / YYYY

SECTION 4 DELETION OF DEPENDANT(S) DUE TO DEATH, DIVORCE, CHILD SELF-SUPPORTING, ETC

Surname: _____ Name: _____

Dependant number: Gender: _____ Termination date: DD / MM / YYYY

Surname: _____ Name: _____

Dependant number: Gender: _____ Termination date: DD / MM / YYYY

Termination reasons:

- Cover is too expensive.
- Dependant is employed.
- Dependant joined own medical scheme.
- Dependant joined spouse's medical scheme.
- Dependant is over aged.

SECTION 5 CHANGE IN BANKING DETAILS

Account holder's name: _____

Bank: _____ Branch code _____

Account number: _____

Type of account: Cheque Transmission Savings

NOTE: Please attach proof of banking details.



SECTION 6

REQUEST FOR ADDITIONAL MEMBERSHIP CARD

Reason for request: Lost Stolen Other

If other, please specify: _____

SECTION 7

SIGNATURE AND CLAUSE

I hereby declare that the information is true and correct and any false declaration could render the application null and void.

Signature: _____

SECTION 8

TO BE COMPLETED BY EMPLOYER

Name of employer: _____

The above details have been noted and the contribution will be adjusted in terms of
the rules, at the end of _____ for _____ with arrears, if applicable.

Name: _____ Designation: _____

Signature: _____ Date: DD / MM / YYYY

EMPLOYER'S STAMP