

FORM TO CHANGE BANKING DETAILS / VORM OM BANKBESONDERHEDE TE VERANDER

What you must do

Please go through these three steps:

Step 1: Fill in the form from step 1-6.

Step 2: Sign the application.

Step 3: If you want to change banking details, a copy of the principal member's bank statement should accompany the request.

How to complete this form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- Once completed, please fax your form to 012 472 6500

Wat u moet doen

Gaan asseblief deur die volgende drie stappe:

Stap 1: Voltooi die vorm vanaf stap 1-6.

Stap 2: Teken die aansoekvorm.

Stap 3: As u veranderinge aan bank besonderhede wil maak, moet u die hooflid se bankstaat aanheg by die versoek.

Hoe om die vorm te voltooi

- Gebruik asseblief een letter per blok, skryf in swart en duidelik.
- Om administrasie te bespoedig verseker dat die vorm heeltemal voltooi is.
- Wanneer voltooi is, faks die vorm na 012 472 6500

NOTE : PLEASE ATTACH THE FOLLOWING / NOTA: HEG ASSEBLIEF DIE VOLGENDE AAN

- A cancelled cheque or proof of savings/transmission account with an official bank stamp must be attached hereto for verification purposes. (Statement or letter from bank must not be older than 3 months.)
- 'n Gekanselleerde tjek of bewys van spaar - / transmissie rekening met amptelike bankstempel moet vir kontrole doeleindes aangeheg word. (Bankstaat of 'n brief van die bank nie ouer as 3 maande nie.)

1. BANK DETAILS TO BE CHANGED / BANKBESONDERHEDE WAT MOET VERANDER

Contributions / Bydraes	Admin fee / Admin fooi	Claims / Eise	All / Alles
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2. PRINCIPAL MEMBER'S DETAILS / HOOFLID SE BESONDERHEDE

Membership number
Lidmaatskapnommer

ID number
ID nommer

Tel (w) _____ Tel (h) _____

Cell
Selfoon _____ E-mail
E-pos _____

I / Ek _____

(Name & surname / naam & van) as principal member give Bestmed permission to change my banking details / as hooflid gee Bestmed toestemming om my bankbesonderhede te verander.

3. PREVIOUS ACCOUNT DETAILS / VORIGE REKENING BESONDERHEDE

Account holder
Rekeninghouer _____

Bank _____ Branch name
Taknaam _____

Branch code
Takkode Account number
Rekeningnommer

Type of account
Tipe rekening

4. NEW ACCOUNT DETAILS / NUWE REKENING BESONDERHEDE

Effective date for change

Datum effektief vir verandering

D	D	M	M	Y	Y	Y	Y
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Account holder

Rekeninghouer

Bank _____ Branch name _____

Branch code

Takkode

--	--	--	--

Account number

Rekeningnommer

--	--	--	--	--	--	--	--	--	--	--	--	--

Type of account

Tipe rekening

Cheque / Tjek

Savings / Spaar

Account number (see below) / Rekeningnommer (sien onderstaande)

Please circle the relevant blocks and print your account number in the last row

Omsirkel asseblief die betrokke blokkies en skryf u rekeningnommer in die laaste ry

0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

Your banking details will only be changed if:

1. The information on this form matches the information on Bestmed's records at the moment.
2. This form has been signed by the principal member as well as the account holder, if different.

U bankbesonderhede sal slegs verander word indien:

1. Die inligting op die vorm dieselfde is as die inligting wat op Bestmed se rekords is.
2. Die vorm deur die hooflid en die rekeninghouer geteken is.

5. SIGNATURE / HANDTEKENING

Signed at

Geteken te

on the

op die

day of

dag van

20 _____

Signature of principal member/Handtekening van hooflid

Signature of account holder/Handtekening van rekeninghouer

6. RELATIONSHIP OF ACCOUNT HOLDER TO MAIN MEMBER / VERWANTSAP VAN REKENINGHOUER AAN HOOFID

Relationship to principal member

Verwantskap aan hooflid