

**1. DETAILS OF PRINCIPAL MEMBER / BESONDERHEDE VAN HOOFID**

Membership number / Lidmaatskapnommer \_\_\_\_\_ Date / Datum \_\_\_\_\_

Surname / Van \_\_\_\_\_ Initials / Voorletters \_\_\_\_\_

ID Number / ID nommer 

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 Personnel number / Personeelnommer \_\_\_\_\_

Postal address / Posadres \_\_\_\_\_

Postal code / Poskode \_\_\_\_\_

**2. CONTACT DETAILS / KONTAKBESONDERHEDE**

Tel (w) \_\_\_\_\_ Tel (h) \_\_\_\_\_

Cell / Sel \_\_\_\_\_ E-mail / E-pos \_\_\_\_\_

**3. CHANGING OF BENEFIT OPTION / VOORDEELOPSIEWYSIGING**

Benefit option / Voordeelopsie	Benefit option / Voordeelopsie	Benefit option / Voordeelopsie
Beat1	Pace1	Pulse1
Beat2	Pace2	Pulse2
Beat3	Pace3	
Beat4	Pace4	

Annual income / Jaarlikse inkomste R \_\_\_\_\_

Telephone number of HR Practitioner / Telefoonnommer van Personeelbeampte \_\_\_\_\_

Commencement date / Aanvangsdatum 

D	D	M	M	Y	Y	Y	Y
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I would like to receive Bestmed marketing material/Ek wil graag Bestmed bemerkingsmateriaal ontvang  Yes/Ja  No/Nee

I would like to receive Top Living, Bestmed's electronic magazine/Ek wil graag Top Living, Bestmed se elektroniese tydskrif ontvang.  Yes/Ja  No/Nee

Signature of principal member/Handtekening van hooflid \_\_\_\_\_ Signature of HR Practitioner/Handtekening van Personeelbeampte \_\_\_\_\_

Signature of Payroll Officer/Handtekening van Betaalstaatbeampte \_\_\_\_\_