

1. DETAILS OF PRINCIPAL MEMBER / BESONDERHEDE VAN HOOFLID

Membership number Lidmaatskapnommer _____	Date Datum _____												
Surname Van _____	Initials Voorletters _____												
ID Number ID nommer <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													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 Voordeeloopsie <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Beat3 <small>▼</small></td><td style="width: 30px;"></td></tr> <tr><td>Beat4 <small>▼</small></td><td></td></tr> </table>	Beat3 <small>▼</small>		Beat4 <small>▼</small>		Benefit option Voordeeloopsie <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Pace1 <small>▼</small></td><td style="width: 30px;"></td></tr> <tr><td>Pace2 <small>▼</small></td><td></td></tr> <tr><td>Pace3 <small>▼</small></td><td></td></tr> <tr><td>Pace4 <small>▼</small></td><td></td></tr> </table>	Pace1 <small>▼</small>		Pace2 <small>▼</small>		Pace3 <small>▼</small>		Pace4 <small>▼</small>		Benefit option Voordeeloopsie <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Pulse2 <small>▼</small></td><td style="width: 30px;"></td></tr> </table>	Pulse2 <small>▼</small>	
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Pulse2 <small>▼</small>																

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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IMPORTANT/BELANGRIK

I would like to receive Bestmed marketing material/Ek wil graag Bestmed bemarkingsmateriaal ontvang

Yes/Ja	No/Nee
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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
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Signature of principal member/Handtekening van hooflid

Signature of HR Practitioner/Handtekening van Personeelbeampte

Signature of Payroll Officer/Handtekening van Betaalstaatbeampte