

APPLICATION FOR MEMBERSHIP - WIDOWER / WIDOW AANSOEK OM LIDMAATSKAP - WEWENAAR / WEDUWEE

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1. DETAILS OF APPLICANT / BESONDERHEDE VAN AANSOEKER

Title _____ Surname _____
 Titel _____ Van _____

Full names _____
 Volle name _____

ID number _____
 ID nommer _____

Postal address _____
 Posadres _____

_____ Tel (w) _____

_____ Tel (h) _____
 _____ Cell _____
 _____ Poskode _____ Selfoon _____

2. DEPENDANTS / AFHANKLIKES

Name Naam	Surname Van	Gender Geslag		ID number ID nommer												Relationship Verwantskap									
		M	F																Spouse	Partner	Child	Other			
		M	F																			Gade	Metgesel	Kind	Ander
		M	F																			Spouse	Partner	Child	Other
		M	F																			Gade	Metgesel	Kind	Ander
		M	F																			Spouse	Partner	Child	Other
		M	F																			Gade	Metgesel	Kind	Ander
*Declare other/Verklaar ander																									

3. DETAILS OF DECEASED PARTNER / BESONDERHEDE VAN OORLEDE EGGENOOT

Full names _____
 Volle name _____

Surname _____
 Van _____

Membership number _____
 Lidmaatskapnommer _____

Date deceased _____
 Datum van afsterwe _____

D	D	M	M	Y	Y	Y	Y
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I acknowledge that I, as well as my dependants, shall be bound by the Rules of the scheme as amended from time to time. I the undersigned, hereby apply to be admitted as a member of the scheme in the place of my late partner and for my children to be admitted as dependants.

Ek erken dat ek sowel as my afhanklikes gebonde is aan die Reëls van die skema, soos van tyd tot tyd gewysig. Ek, die ondertekende, doen hiermee aansoek om as lid van die skema toegelaat te word in die plek van my oorlede eggenoot en vir my kinders om afhanklikes te word.

 Signature of member/Handtekening van lid

 Date/Datum

DEBIT ORDER-BESTMED CONTRIBUTIONS DEBIETORDER-BESTMED BYDRAE



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1. APPLICANT (PRINCIPAL MEMBER) / AANSOEKER (HOOFLID)

Title _____ Surname _____
Titel _____ Van _____

Residential address _____
Residensiële adres _____

Occupation _____
Beroep _____

Werkgewer _____ Period in Service _____
Employer _____ Periode in Diens _____

2. CALCULATION OF MONTHLY DEBIT ORDER / BEREKENING VAN MAANDLIKSE DEBIETORDER

Name of benefit option _____
Naam van voordeelopsie _____

1. High risk benefits (Principal member or principal member and/or spouse/partner,
emergency evacuation included) _____
Hoërisikovooredele (Hooflid of hooflid en gade/metgesel, noodonttruiming ingesluit) _____

2. Monthly savings account / Maandelikse spaarrekening _____

3. Child subscription / Kinderafhanklikebydrae _____

TOTAL MONTHLY (1 - 3) _____
TOTAAL MAANDELIKS (1 - 3) _____

3. DETAILS OF BANK ACCOUNT / BANKREKENINGBESONDERHEDE

Account holder _____
Rekeninghouer _____

Branch name _____ Bank _____
Taknaam _____

Account number _____ Branch number _____
Rekeningnommer _____ Takkode _____

Type of account _____
Tipe rekening Cheque / Tjek Savings / Spaar

I/we hereby authorise Bestmed to draw against my/our account with the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R _____ on the first working day of each and every month, commencing on _____. I/we further authorise Bestmed to adjust the amount due as fees are amended from time to time. All such withdrawals from my/our account by Bestmed shall be treated as though they have been signed by me/us personally. I/we agree to pay bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving Bestmed 60 days' notice in writing, sent by prepaid registered post, provided that this may not be done within 12 calendar months without the written permission of Bestmed. Should there be a breach of this contract there is a possibility that the member will be held responsible for payments incurred. I/we understand that I/we shall not be entitled to any refunds of amounts which have been withdrawn while this authority was in force if such amounts were legally owing to Bestmed. I/we acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Ek/ons magtig hiermee Bestmed om geld te onttrek uit my/ons rekening by die bogenoemde bank (of enige bank of tak waarna ek/ons my/ons rekening oorplaas) ten bydrae van R _____ op die eerste werksdag van elke maand met ingang _____. Ek/ons bemagtig Bestmed verder om die bedrag aan te pas soos wat die ledegelde van tyd tot tyd verander. Alle sodanige onttrekkings van my/ons rekening sal geag word asof deur my/ons persoonlike geteken. Ek/ons onderneem om bankkoste gekoppel aan hierdie debietorder te betaal. Ek/ons mag hierdie magtiging kanselleer deur Bestmed 60 dae skriftelik kennis te gee, op voorwaarde dat dit nie gedoen mag word binne 12 kalendermaande sonder skriftelike toestemming van Bestmed nie. Indien daar kontrakbreuk sou wees, bestaan die moontlikheid dat die lid aanspreeklik gehou sal word vir kostes aangegaan. Indien bydrae wettiglik verskuldig was aan Bestmed, verstaan ek/ons dat ek/ons nie geregtig sal wees op enige terugbetaling van bydrae wat onttrek is terwyl hierdie magtiging van krag was nie. Ek/ons bevestig dat die onttrekking teen my/ons rekening nie deur die gemagtigde party gesedeer mag word en dat die gemagtigde party nie enige van sy regte mag oordra na 'n derde party sonder my/ons vooraf skriftelike toestemming nie en dat ek/ons nie enige verligtinge ingevolge hierdie kontrak/magtiging aan enige derde party delegeer sonder vooraf skriftelike toestemming van die derde party nie.

Signature of Principal Member/Handtekening van hooflid _____

Signature of Account Holder/ Handtekening van rekeninghouer _____

Signed at _____ on the _____ day of _____ 20____
Geteken te _____ op die _____ dag van _____