

1. PARTICULARS OF PRINCIPAL MEMBER / HOOFID SE BESONDERHEDE

Surname and initials _____ Membership number _____
Van en voorletters _____ Lidmaatskapnommer _____

Residential address _____
Residensiële adres _____

Postal code _____
Poskode _____

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

NAME OF BENEFIT OPTION _____
NAAM VAN VOORDEELOPSIE _____

1. Total monthly contribution _____
Totale maandelikse bydrae R _____

2. Subsidy applicable per month from employer _____
Aangaande subsidie per maand van werkgewer R _____

3. Member's own portion contribution per month _____
Lede se eie bydrae per maand R _____

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

Please turn over for bank account details
Blaai asb om vir bankbesonderhede



3. DETAILS OF BANK ACCOUNT / BANKBESONDERHEDE

Account holder
Rekeninghouer _____

Branch name
Taknaam _____ Bank _____

Branch number
Takkode

Account number
Rekeningnommer

Type of account
Tipe rekening

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 one month's notice in writing starting on the first day of any calendar month, 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 I/we understand that I/we shall not be entitled to any refunds of amounts which have been withdrawn while this authority was in force if such amounts were legally owing to Bestmed.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 een maand skriftelik kennis te gee per voorafbetaalde geregistreerde pos, begin op die eerste dag van 'n kalendermaand, 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 deleger 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
Geteken te _____

on the
die _____

day of
dag van _____ 20____