

CHANGE OF BANK ACCOUNT DETAILS: MEMBERS

Name of Member																												
Membership No.									ID Number																			

CONTACT DETAILS

Residential Address																													
																									Code				
Postal Address																													
																									Code				
Telephone No.													Cell																
Fax No.													Email																

NEW ACCOUNT DETAILS


Claims Refunds only	<input type="checkbox"/> YES	<input type="checkbox"/> NO																											
Subs Payment only	<input type="checkbox"/> YES	<input type="checkbox"/> NO																											
Effective Date	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>								D	D	M	M	Y	Y	Y	Y													
D	D	M	M	Y	Y	Y	Y																						
Account Holder																													
Name of Bank																					Branch Code								
Name of Branch																													
Account No.																													
Type of Account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission																										

NB: For purposes of verification please attach a copy of a cancelled cheque and/or most recent bank statement.

Full name and surname of person completing the form:

Full Name																												
Surname																												
Designation																												

OFFICE USE ONLY

Instruction updated on Administrative System	<input type="checkbox"/> YES	<input type="checkbox"/> NO								
Phoned and confirmed bank account details with										
On	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Requested	Approved									
										

Please fax this form back to:

Attention: Membership Department
Fax: 086 508 0083
Email: amend@resomed.co.za
Tel: 0861 796 6400

Please change bank account details

Signed at _____ on this _____ day of _____ / _____

SIGNATURE

Signature of Principal Member