

FORM TO CHANGE BANKING DETAILS

What you must do

Please go through these three steps:

Step 1: Fill in the form from step 1-5.

Step 2: Sign the application at step 6.

Step 3: If you want to change CLAIM details, a copy of the account holder's bank statement should accompany the request.

How to complete this form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- Once completed, please fax your form to 012 472 6500 or e-mail to membership@bestmed.co.za

NOTE : PLEASE ATTACH THE FOLLOWING

- A cancelled cheque or proof of savings/transmission account with an official bank stamp must be attached hereto for verification purposes.

1. BANK DETAILS TO BE CHANGED

Contributions	Claims	All
---------------	--------	-----

2. PRINCIPAL MEMBER'S DETAILS

Membership number

ID number

Tel (W)

Cell Tel (H)

E-mail

I,

(Name & surname) as principal member give Bestmed permission to change my banking details.

3. PREVIOUS ACCOUNT DETAILS

Account holder

Bank

Branch name Branch code

Account number

Type of account Cheque Savings

4. NEW ACCOUNT DETAILS

Effective date for change	D	D	M	M	Y	Y	Y	Y	* Debit order deduction date	20 th	25 th	1 st
Bank												
Branch												
Branch code				Type of account	Cheque/current		Savings					
Account number												
Select account holder	Member			Company			*Other					

***If you have selected "OTHER" please complete below section in accordance with SARS legislative requirements where account holder differs from the principal member:**

Title													
First name													
Middle name											Initials		
Surname													
Name of company <small>(Complete only if selected above)</small>													
Account holder ID number													
Passport number (for non-SA citizens)													
Country of issue													
SARS tax number					Date of birth	D	D	M	M	Y	Y	Y	Y
Home address											Postal code		
Is your home address the same as your postal address?	Yes		No										
Postal address <small>(Domicilium citandi et executandi)</small>											Postal code		

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 contribution amount for the selected benefit option on the above mentioned date or the first working day thereafter. I/we further authorise Bestmed to adjust the amount due as contributions 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 via e-mail, fax or registered post, starting on the first day of the following calendar month. 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. The deduction of debit order will take place in the month before inception date should you choose the 20th or 25th as the debit order date subject to subscriptions payable in advance.

Signature of principal member

Signature of account holder

Your banking details will only be changed if:

- 1. The information on this form matches the information on Bestmed's records at the moment.
- 2. This form has been signed by the principal member as well as the account holder, if different.

5. RELATIONSHIP OF ACCOUNT HOLDER TO MAIN MEMBER

Relationship to principal member

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. SIGNATURE

Signed at

--	--	--	--	--	--	--	--	--	--	--	--	--

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of principal member

Signature of account holder