

Permission to change banking details

This is a form to change banking details



Contact details

Tel: 0861 638 633 • PO Box PO Box 652509, Benmore, 2010 • www.netcaremedicalscheme.co.za

Who we are

Netcare Medical Scheme, registration number 1584, is a non-profit organization, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as “the administrator”) is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Netcare Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full.
3. You need to submit the following with this form:
 - Copy of ID
 - Bank statement/letter of confirmation from the bank not older than 3 months.
4. Please fax this completed and signed form with any supporting documentation to 011 539 2766 or email it to administration@netcaremedicalscheme.co.za
5. When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.
6. Alternatively, you can update your bank details by visiting administration@netcaremedicalscheme.co.za if you are a registered web-user.

1. What would you like to change?

Debit order details Claim payment details Both

2. Main member details

Membership number
ID number

3. New account details for debit orders

We will start using these banking details once they are loaded onto the system.

Please note that we cannot accept credit card details

Account holder
Bank
Account number
Type of account Cheque Savings
Branch number - - - Branch name

4. New account details for claims payments

When should we start using the new banking details? 2 0 ^Y ^Y ^M ^M ^D ^D

As per debit order details

Please note that we cannot accept credit card details.

Account holder
Bank
Account number Branch number - - -
Type of account Cheque Savings
Branch name

4. New account details *(continued)*

Your banking details will only be changed if:

1. All the relevant fields on this request form have been filled in
2. The request has been signed by the main member
3. Documentation required in step three (3) of "What you must do" accompanies this form.

I, _____ (first and last name), as the main member,
give the Scheme permission to change my banking details.

Signed at (town or city) on

2	0	Y	Y	M	M	D	D
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Signature of
main member

Signature of
accountholder

Please do not sign an incomplete application form.

If the accountholder differs from the main member, the Scheme and the administrator reserve the right to obtain bank confirmation.