



Be Smart. Keep it Simple.



86 Koranna Avenue Doringkloof Centurion 0157 | PO Box 14145 Lyttelton 0140 | Client Services: 0860 671 050 | Fax: 086 605 0656

Change of Banking Details

Membership Number

Section 1: Principal Member Personal Details (attach copy of ID / Passport)

Title Initials First name

Surname

ID number Gender: Male Female

Race African/Black (A) Coloured (C) White (W) Indian/Asian (I) Unknown (U)

Passport number Marital status

Residential address Postal code

Postal address (if different) Postal code

Telephone - home (code - number) Cellphone number

Telephone - work (code - number) Fax - work (code - number)

E-mail address

Language preference English

Section 2: Contribution Collection and Claims Reimbursements

Please indicate the choice of monthly debit order deduction date: 02 07 26 Last day of month

<input type="checkbox"/> Use this account for contribution collections and claims reimbursements	<input type="checkbox"/> Use this account for claims reimbursements only
<input type="checkbox"/> Use this account for contribution collections only	
Name of account holder _____	Name of account holder _____
Name of financial institution _____	Name of financial institution _____
Bank Branch code <input type="text"/>	Bank Branch code <input type="text"/>
Type of Account <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings	Type of Account <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings
Bank account number <input type="text"/>	Bank account number <input type="text"/>
*Please note that no credit card banking details will be accepted	*Please note that no credit card banking details will be accepted
Account Holder Signature <input type="text"/> Date <input type="text"/> DD - MM - 20YY	Account Holder Signature <input type="text"/> Date <input type="text"/> DD - MM - 20YY

Assignment

I hereby acknowledge that the party hereby authorise to effect the drawing(s) against my account may not cede or assign any of its rights to any third party without my consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Note: Attach a copy of a recent stamped bank statement or an official bank letter from the bank to verify the banking details.

Account Holder Signature

Date - -

Section 3: Declaration

- 3.1 I hereby instruct and authorise the Scheme to draw against my bank account indicated in this form (or any other bank or branch to which I may transfer my account) the amount necessary for payment of my monthly contribution due in respect of the abovementioned membership on the selected deduction date as indicated each and every month and continuing until termination of our agreement or until cancelled by me in writing. All such withdrawals from my bank account by the Scheme shall be treated as though they had been signed by me personally.
- 3.2 I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.
- 3.3 I agree to pay any bank charges relating to this debit order instruction.
- 3.4 This authority may be cancelled by me giving you thirty days notice in writing, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be).

Signature of
Principal Member

Print Name and
Surname of Principal
Member

Date

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