

change of banking details

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Initials and surname

Membership number Telephone number

For security reasons you are requested to submit the following documents with the completed form to Medihelp:

- A copy of the member's identity document or -card;
- A copy of a recent official bank statement (not older than 3 months) of the account holder on the bank's letterhead or stamped by the bank, or alternatively a cancelled cheque; AND
- A copy of the account holder's identity document or -card in the event that the account holder is not the member.
- If the bank account is in the name of a company, provide us with an official bank letterhead with the initials, surname and signature of the person who has signing powers on the account.

I hereby authorise Medihelp to recover the applicable monthly subscriptions (and subscriptions in arrears, where applicable) payable by me to Medihelp as from ___/___/____ (this date may only be the first calendar day of the month) from my bank account.

1. Use this account for all transactions.

2. Use this account only for the recovery of subscriptions.

NB: If you select this option, please complete your banking details for the refunding of claims in the table on the right.

Bank

Branch

Branch code

Type of account Savings Cheque

Name of account holder

Account number

Use this account for claims refunds only.

NB: If you selected number 2 on the left, please complete the banking details below as well.

Bank

Branch

Branch code

Type of account Savings Cheque

Name of account holder

Account number

Signature of account holder

Signature of member

Should your debit order details reach Medihelp after the 18th of the month, the change may not be implemented timely for the specific month, but only with effect from the month following the month in which the request is received. You are therefore requested to check your bank statement to verify that the debit order has been implemented timeously and if not, to pay the month's subscription to Medihelp as soon as possible after month-end.