

## 2017 CHANGE OF BANK ACCOUNT DETAILS: MEMBERS

Name of Member																												
Membership No.									ID Number																			

### CONTACT DETAILS

**NB: For purposes of verification please attach a clear copy of ID or passport of the account holder.**

Residential Address																												
Postal Address																												
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 the purposes of verification, please attach an original cancelled cheque or a clear copy of the bank statement. In-branch and online print-outs or a letter from the bank confirming the banking details of the account holder are acceptable Mini ATM statements will NOT be accepted. Bank statements should NOT BE OLDER THAN 90 DAYS.**

**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:** 086 513 1438 / 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