



## MEMBERSHIP UPDATE FORM

PLEASE COMPLETE APPROPRIATELY ALL THE SECTIONS BELOW IN FULL AND PROVIDE SUPPORTING DOCUMENTATION WHERE POSSIBLE

### SECTION A: MAIN MEMBER INFORMATION

Membership No.		ID No.	
Members Name		Title	
Employer Name		Employee No.	
Preferred Provider Name			
Tax No. (SARS)		Gender	
Practice Number & Area			
Race (please tick)	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian/Asian <input type="checkbox"/> White

### SECTION B: CHANGES TO CONTACT INFORMATION

Cell No.		Work Tel.	
Home Tel. No.		E-mail	

Preferred method of communication (please tick)    Email ☐    SMS ☐    Post ☐

New Postal Address		Postal Code	
New Residential Address		Postal Code	

### SECTION C: DEPENDANT DETAIL UPDATE ONLY (NOT FOR ADDITION)

	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Name and Surname of dependant					
ID number (compulsory)					
Sex (M/F)					
Race (African, Coloured, Indian/Asian, White)					
Address, if different from member					
Cell no.					
Notes for change to be made					

### SECTION D: TERMINATION OF DEPENDANTS

Surname	Name	Date of Birth	Date of Termination	Reason
1.				
2.				
3.				

### SECTION E: OTHER REQUESTS (example: change of surname, rectify personal details not listed above, etc.)

1.
2.

Please ensure relevant documentation is attached to the update form to avoid any delay in processing.

I declare that the information given is true and correct and I am aware that any false statement will render my membership of the Scheme null and void.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
HR Stamp

\_\_\_\_\_  
HR Details/Signature

\_\_\_\_\_  
Date