

Please note:

- One month's calendar notice period is required for membership termination (excluding PERSAL members – 60 days' notice period required)
- Positive savings will only be paid out/transferred after four (4) months from termination date, subject to the member confirming their banking details
- Depleting your allocated savings for the year, then terminating before the end of the same year, can result in you owing the Scheme due to overspent savings

Section 1: Details of main member

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Gender:	<input type="text"/> M <input type="text"/> F
Membership number:	<input type="text"/>		
Cellphone:	<input type="text"/>		
Email:	<input type="text"/>		
I hereby tender my resignation form to Bonitas Medical Fund effective from	<input type="text"/> DD/MM/YYYY		
Please forward my membership certificate to	<input type="text"/>		

Section 2: Reason for termination

<input type="checkbox"/> Affordability (Contributions too high / Cannot afford)	<input type="checkbox"/> Emigration
<input type="checkbox"/> Benefits (insufficient benefits / cover / co-payments)	<input type="checkbox"/> Retrenchment / Retirement
<input type="checkbox"/> Administration (service related / process related / lack of communication)	<input type="checkbox"/> Joining spouse's medical aid
<input type="checkbox"/> Access to service providers	<input type="checkbox"/> Resign from employer – compulsory scheme at new employer
<input type="checkbox"/> Joining other scheme	<input type="checkbox"/> Other _____

Section 3: Employer information

This section must be completed by your employer and have your employer's stamp on it.

Name of company representative:	<input type="text"/>	<input type="text"/> Employer stamp
Title of company representative:	<input type="text"/>	
Bonitas paypoint code:	<input type="text"/>	
Signature of employer representative:	<input type="text"/>	Date: <input type="text"/>

Section 4: Banking details

This account will be used to refund any savings due to the member.

Use this account for refunds	
Bank name:	<input type="text"/>
Branch code:	<input type="text"/>
Branch name:	<input type="text"/>
Name of account holder:	<input type="text"/>
Account number:	<input type="text"/>
Account type:	<input type="text"/>
3rd party payer:	<input type="text"/> YES <input type="text"/> NO
Tax reference number:	<input type="text"/>

Signature of member:	<input type="text"/>	Date:	<input type="text"/>
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