Broker House: Aon South Africa (Pty) Ltd
Broker Code: AON104
Tel No: 0860 100 404

MEDSHIELD medical scheme

CHANGE OF BANKING DETAILS

Email: membership@medshield.co.za

Please complete all the relevant sections of this form in BLOCK LETTERS.

Membership Number:

SECTION A — TO BE COMPLETED BY THE PRINCIPAL MEMBER OF THE SCHEME

Principal Member Name:

Principal Member Surname:

Principal Member ID Number:

SECTION B — SECTION B TO BE COMPLETED BY ACCOUNT HOLDER

Mark relevant box with an X:

Select Account Holder:

Principal Member ☐ **Company** ☐

Trust ☐ **Individual other than Principal Member** *(for example spouse, parent, child etc.)* ☐

Account Holder Title:

Account Holder First Name(s):

Account Holder Initial(s):

Account Holder Surname:

Account Holder Date of Birth:

Account Holder ID Number:

Account Holder Passport Number (for non-SA citizens):

Country of Issue:

Account Holder Tax number (SARS):

Registered Company Name (if the account is in the name of a company):

Company Registration Number:

Account Holder Residential Address:

Postal Code:

Account Holder Postal Address:

Postal Code:

Mark relevant box with an X:

Use this account for: **Contributions only** ☐ **Contributions and Claim Refunds** ☐

Bank Name:			
Branch Name:			
Branch Code:			
Type of Account: (Mark with an X)	Current ☐	Transmission ☐	Savings ☐
Bank Account Number:			

Mark relevant box with an X:

Use this account for: **Refunds only** ☐

Bank Name:			
Branch Name:			
Branch Code:			
Type of Account: (Mark with an X)	Current ☐	Transmission ☐	Savings ☐
Bank Account Number:			

SECTION C REQUIRED DOCUMENTS

In order to change your bank details, please provide the below documents for verification purposes:

- Copy of the account holder's ID or copy of passport for non-SA citizens
- Copy of a stamped bank statement (not older than 3 months) or a stamped confirmation letter from the bank in the name of the account holder

Account in the name of an Individual other than the Principal member (for example, spouse, parent, child etc.):

- ID Copy of the Principal Member or copy of passport for non-SA citizens
- ID Copy of the account holder or copy of passport for non-SA citizens
- Copy of a stamped bank statement (not older than 3 months) or a stamped confirmation letter from the bank in the name of the account holder.
- Signed letter of authority from the account holder which include the details of the member(s)

Account in the name of a Company:

- Copy of a stamped bank statement (not older than 3 months) or a stamped confirmation letter from the bank in the name of the Company
- Signed letter of authority on a Company letterhead including the details of the member(s)
- ID Copies of each signatory who has authority to sign on behalf of the company
- Copy of Company Registration Certificate

Trust Account:

- Copy of a stamped bank statement (not older than 3 months) or a stamped confirmation letter from the bank in the name of the Trust
- Signed letter of authority including the details of the member(s)
- ID Copies of each trustee
- Copy of Trust Resolution showing the trustees

SECTION D DECLARATION

I _____ (account holder's full name) the undersigned, declare that: I understand that Medshield will rely upon the facts set out herein for the accurate loading of bank details. I understand and accept that should any details contained herein prove to be incorrect, or should I fail to inform Medshield of any subsequent change to the bank details, Medshield will not be held responsible. I also agree that I am the account holder of the bank details provided and I hereby authorise Medshield to electronically collect monthly contributions and/or pay refunds to the above bank via the Elektropay system using the information provided. I also irrevocably authorise Medshield to reverse any erroneous transaction and/or rectify any electronic transfer of funds error without prior notice.

I hereby authorise Medshield Medical Scheme, or any of its nominated representatives, to verify the bank details as stipulated on this form. ☐

Give consent that Medshield Medical Scheme, may collect, process, store and share our personal information with the Scheme's respective Service Providers including South African Revenue Services. This information includes, but is not limited to details such as, name, surname or registered name (in the cases of companies and trusts), identity numbers, registration number, tax number, addresses and other details which could include financial information and banking details. ☐

Date: _____

_____ Principal Member Signature:

_____ Account Holder Signature: