

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 <input type="checkbox"/>	SMS <input type="checkbox"/>	Post <input type="checkbox"/>						

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