

Contact details

Tel: 0860 11 33 22 • PO Box 652509, Benmore, 2010 • www.discovery.co.za

Permission to change banking details

This is a form to change banking details

Who we are

The University of KwaZulu-Natal Medical Scheme (referred to as ‘the Scheme’), registration number 1520. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as ‘the administrator’) is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

What you must do

Step 1: Fill in the form.

Step 2: Sign the application form.

Step 3: You need to submit the following with this form:

- Copy of ID
- Bank statement/letter of confirmation from the bank not older than 3 months. (Please note: only an original bank statement will be accepted)

When you sign this application, you confirm that the information provided is true and correct.

Alternatively, you can update your bank details by visiting www.discovery.co.za if you are a registered web-user.

How to complete this form

- Please use one letter for each block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- Once it is complete, please fax the form to **011 539 2766** or email it to ukznemployer@discovery.co.za

1. What would you like to change?

Debit order details Claim payment details Both

2. Main member details

Membership number

ID number

3. New account details for Debit Orders

We will start using these banking details once they are loaded onto the system.

Please note that we cannot accept credit card details

Account holder

Bank

Account number

Type of account Cheque Savings

Branch number – – – Branch name

4. New account details for Claims Payments

When should we start using the new banking details? 2 0 Y Y M M D D

As per debit order details

Please note that we cannot accept credit card details.

Account holder

Bank

Account number Branch number – – –

Type of account Cheque Savings

Branch name

4. New account details *(continued)*

Your banking details will only be changed if:

1. All the relevant fields on this request form have been filled in
2. The request has been signed by the main member
3. Documentation required in step 3 of "What you must do" accompanies this form.

I, _____ (first and last name), as the main member,
give the Scheme permission to change my banking details.

Signed at (town or city) on

2	0	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature of
main member

Signature of
accountholder

Please do not sign an incomplete application form.

If the accountholder differs from the main member, the Scheme and the administrator reserve the right to obtain bank confirmation.