

Contact details

Tel: 0800 001 615 • PO Box 652509, Benmore, 2010 • www.engenmed.co.za

Permission to change banking details

This is a form to change banking details

Who we are

Engen Medical Benefit Fund (referred to as 'EMBF'), registration number 1572, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full.
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.
4. Please fax this completed and signed form with any supporting documentation to 011 539 2766 or email it to membership@engenmed.co.za
5. When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.
6. Alternatively, you can update your bank details by visiting www.engenmed.co.za if you are a registered web-user.

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

I, the undersigned, authorise the Engen Medical Benefit Fund to deduct my membership contributions from my bank account.

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 three (3) of "What you must do" accompanies this form.

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

Signed at (town or city)

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Signature of
main member

Signature of
accountholder

Please do not sign an incomplete application form.

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