

Contact details

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

Request to change banking details

Who we are

Engen Medical Benefit Fund (referred to as 'EMBF'), registration number 1572, is a not-for-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 or complete digitally.
2. To avoid administration delays, please ensure this request is completed in full.
3. You need to submit the following with this form:

Please send the completed *Request to change banking details* form back to us with the documents under each type of bank account. Please only send the documents relevant to your update.

When using **another person's bank account** (for example, spouse, aunt, uncle, friend, father, son):

- Proof of the account, like a copy of the bank statement, not older than three months
- A copy of the ID, passport or drivers licence of the bank account owner.

When using a **joint account**:

- Proof of the account, like a copy of the bank statement or letter from the bank on a bank letterhead (the proof must not be older than three months from the day that you send it to us)
- A copy of the ID, passport or drivers licence of each of the joint owners.

When using a **company account**:

- Proof of the account, like a copy of the bank statement or letter from the bank on a bank letterhead (the proof of account must not be older than three months from the day that you send it to us)
- A copy of the ID, passport or drivers licence of each signatory or person who has authority to sign on behalf of the company
- A letter of authority including the details of all the persons of authority and membership details
- A copy of the company's certificate of registration.

When using a **trust account**:

- Proof of the account, like a copy of the bank statement or letter from the bank on a bank letterhead (the proof must not be older than three months from the day that you send it to us)
- A copy of the ID, passport or drivers licence of each of the trustees of the account
- A copy of the trust's certificate of registration
- A copy of the trust resolution, showing the trustee

If the **account is in your name** as the main member, but we are unable to verify the account details with the bank, we will need the following documents:

- Proof of the account, like a copy of the bank statement or letter from the bank on a bank letterhead (the proof must not be older than three months from the day that you send it to us)
- A copy of your ID, passport or drivers licence.

4. Please email this completed and signed form with the relevant supporting documentation to bankingdetails@engenmed.co.za. 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	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

3. New account details for Debit Orders

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

Please note we cannot accept credit card details

Account owner (Mark with an x) You Someone else Company Trust

Bank name

Branch name Branch code - -

Account number Type of account Cheque Savings

Account holder

Signature of account holder Date

If an account held in another person's name (third-party) is being used, for example, spouse, friend or daughter, company (authorised person) or trust (trustee) please complete the details below.

Title Initials

Surname

First name(s)
(as per identity book)

Gender M F Date of birth

ID or passport number

Please also complete the details below for **company** or **trust** accounts.

Company or trust

Registration number

Signature of authorised party / trustee Date

If there are multiple authorised parties / trustees, please attach ID copies per authorised party / trustee.

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 principal member
3. Documentation required in step three (3) of "How to complete this form" accompanies this form

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

Signed at (town or city)

Signature of main member Date

If the account holder is not the main member, the Fund and the administrator reserve the right to obtain bank confirmation.

4. New account details for Claims Payments

When should we start using the new banking details?

As per debit order account details

Please note that we cannot accept credit card details.

Account owner (Mark with an x) You Someone else Company Trust

Only select someone else's name if the payments must be made into another person's bank account (for example, an account belonging to your spouse, grandfather, mother, friend, cousin, authorised party (company) or trustee (trust)).

Bank name	<input type="text"/>													
Branch name	<input type="text"/>					Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>			
Account number	<input type="text"/>					Type of account	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>						
Account holder	<input type="text"/>													
Signature of account holder	<input type="text"/>						Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If an account held in another person's name (third-party) is being used, for example, the account of a spouse, friend or daughter, company (authorised person) or trust (trustee), please complete the details below.

Title	<input type="text"/>	Initials	<input type="text"/>						
Surname	<input type="text"/>								
First name(s) (as per identity book)	<input type="text"/>								
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth						
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or passport number	<input type="text"/>								

Please also complete the details below for **company** or **trust** accounts.

Company or trust	<input type="text"/>												
Registration number	<input type="text"/>												
Signature of authorised party / trustee	<input type="text"/>						Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are multiple authorised parties / trustees, please attach ID copies per authorised party / trustee.

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 "How to complete this form" 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) on

Signature of main member

Please do not sign an incomplete change request form.

If the account holder is not the main member, the Fund and the administrator reserve the right to obtain bank confirmation.

5. Debit order mandate

This signed authority and mandate refers to the application on the signed date ("the agreement")

I/We, the undersigned:

- Warrant that the account information I/we have provided above is for an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct;
- Authorise Engen Medical Benefit Fund to issue and deliver payment instructions to my bank, recorded above, for the collection by Engen Medical Benefit Fund from the bank account (or any other bank or branch to which I may transfer my account) of any amounts due under or in terms of this request to change banking details, on condition that the sum of such payment instructions will never exceed my obligations as framed in the Agreement which shall commence on the date that the banking details are effective and shall continue until this authority and mandate is terminated by me by giving Engen Medical Benefit Fund no less than 20 ordinary working days written notice thereof, or immediately when I instruct my bank to withdraw this authority and mandate.
- Confirm that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details is not activated in time for the debit order collection and there is an amount outstanding, Engen Medical Benefit Fund can collect that amount in the interim, upon activation of the requested change. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Authorise Engen Medical Benefit Fund to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement.
- Acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this agreement to Engen Medical Benefit Fund as if each payment instruction came from me personally as the account holder.

- Undertake to advise Engen Medical Benefit Fund in writing of any changes to my account details and acknowledge that Engen Medical Benefit Fund will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein, or if the bank account is in the name of another person or entity, or as a result of my failure to notify Engen Medical Benefit Fund of a change in banking details, or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify the payment for my membership,
- Acknowledge that although I may terminate this authority and mandate, such termination does not necessarily terminate this agreement. In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by Engen Medical Benefit Fund whilst this authority and mandate was in force, if such contributions or amounts were legally owing to Engen Medical Benefit Fund in terms of the agreement;
- Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.

Privacy Statement

We process your personal information in accordance with the provisions of the Fund's Privacy Statement. Please read the Privacy Statement by going to <https://www.engenmed.co.za/assets/medical-schemes/engen/legal/privacy-statement-and-rules.pdf>. By accepting these Terms and Conditions and/or by providing personal information to us you agree and give consent to the provisions of the privacy statement. If you do not agree or give consent to us using your personal information, the Fund may not be able to provide the necessary services to you. If you believe the Fund has acted contrary to these provisions, please let the privacy officer know by contacting the Fund on www.engenmed.co.za.

Reference number

This Agreement reference number: Your membership number

Abbreviated name

Abbreviated Name as Registered with the Bank: DISC PREM/DISCSETTLE

Deduction date : as per signed contract

Deduction amount: as per signed contract

Payment start date : as per signed contract

Signature of bank account holder

on

D	D	M	M	Y	Y	Y	Y
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Please only sign if you have read and understand this statement

In addition to the above terms, the main member states as follows:

1. I confirm that I have the right to give Engen Medical Benefit Fund the authority to debit the bank account indicated above on a monthly basis. Furthermore, I understand that I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Engen Medical Benefit Fund to the account listed above, should this account have insufficient funds, the account details be incorrect or the account be held in the name of any other person.
2. I hereby authorise Engen Medical Benefit Fund to verify the banking details as provided above for the purposes of setting up the debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that when I miss a contribution collection date, Engen Medical Benefit Fund is authorised to deduct a double debit of my contributions in the following month.

I, (Full name(s) and surname according to your identity document), as the principal member, give Engen Medical Benefit Fund permission to change my banking details.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of account holder

Please only sign if you have read and understand this statement