

CHANGE OF BANK ACCOUNT DETAILS: MEMBERS

Name of Member

Membership No. ID Number

CONTACT DETAILS

NB: For purposes of verification please attach a clear copy of ID or passport of the account holder

Residential Address Code

Postal Address Code

Telephone No. Cell

Fax No. Email

NEW ACCOUNT DETAILS

Claims Refunds only

Subs Payment only

Effective Date

Account Holder

Name of Bank Branch Code

Name of Branch

Account No.

Type of Account Cheque Savings Transmission

NB: For the purposes of verification, please attach an original cancelled cheque or a clear copy of the bank statement. In-branch and online print-outs or a letter from the bank confirming the banking details of the account holder are acceptable Mini ATM statements will NOT be accepted. Bank statements should NOT BE OLDER THAN 90 DAYS.


Full name and surname of person completing the form:

Full Name

Surname

Designation

OFFICE USE ONLY

Instruction updated on Administrative System	YES	NO
Phoned and confirmed bank account details with <input type="text"/>		
On <input type="text" value="D D M M Y Y Y Y"/>		
Requested <input type="text"/>	Approved <input type="text"/>	
		

Please fax this form back to:

Attention: Membership Department
Fax: 086 508 0083
Email: amend@resomed.co.za
Tel: 0861 796 6400

Please change bank account details

Signed at _____ on this _____ day of _____ / _____

Signature of Principal Member