PERSONAL AND BANKING DETAILS FORM

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL

Member name:			
Name of option:		Membership No.	
Postal Address:	Postal code:		
Physical Address:	Postal code:		
Telephone No's:	Work:	Cell:	Home:
	Fax:	Email address:	

Full names of all beneficiaries registered on Scheme (including main member)	Date of birth	Identity number	Tax number

BANKING DETAILS

Name of account holder:	
Name of bank:	
Branch code:	
Account number:	
Type of account:	Current ☐ Savings ☐

Please tick the appropriate box for authority to Access your banks accounts for:	
1. Contribution collections	☐
2. Claim refunds	☐
3. Member portion collections up to a **maximum value of R500**	☐
4. Preferred date of the month for debit order collection	

DISCLAIMER

It is the member's responsibility to advise the administrator in writing of any change in banking details. Neither the scheme nor its administrator shall be held liable should an Incorrect account be credited under any circumstances.

Authorised signature/s _____ Date _____

Member signature (if different from authorised signature) _____ Date _____

Status House, 15 Tambach Road, Sunninghill Park, Sandton
PO Box 1411 Rivonia 2128
Tel: 011 208 1000 Fax: 011 208 1028
E-mail: admin@status.co.za Website: www.compcarewellness.co.za

Administered by Status Medical Aid Administrators (Pty) Ltd