

GEMAS

Grintek Electronics
Medical Aid Scheme

PERSONAL AND BANKING DETAILS FORM

First name/s:

Name of option: Membership number:

Member's postal address: Postal code:

Member's physical address: Postal code:

Member's contact details: Work: Cell: Home:

Fax: Email:

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

BANKING DETAILS

Please tick the appropriate box for authority to access your bank accounts for:

Claim refunds:

Continuation members only
Contribution collections: Member portions collections up to a maximum value of R500:

Name of account holder:

Name of bank: Branch:

Branch code: - - Type of account (please tick):
Current: Savings: Transmission:

Account number:

Preferred day of the month for debit order collections:

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

Date

Member signature
(if different from the authorised signature)

Date