



APPLICATION TO EXERCISE OPTION CHANGE

SURNAME

INITIALS

MEMBERSHIP No.

E-MAIL ADDRESS

CELL No.

CURRENT OPTION:

| | |
|----------------------|----------------------|
| Bankmed Essence | Bankmed Care |
| <input type="text"/> | <input type="text"/> |

NEW OPTION:

| | |
|----------------------|----------------------|
| Bankmed Essence | Bankmed Care |
| <input type="text"/> | <input type="text"/> |

1. Members who are registered under a group scheme must please forward the application to their Human Resources Department, where changes must be recorded and then forwarded to Bankmed.
2. **Take Note**, should Bankmed not receive your application for option change on or before 15 January annually, it will be assumed that you remain on the same option as the prior year.
3. **PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM AS WELL.**

4. Would you prefer a remittance statement via email Yes No

NB: Please ensure that your email address is correct on the reverse side of this form.

PLEASE NOTE: You have until the 15th of January to make your decision. The change comes into force from the 1st of January the same year.

.....
SIGNATURE OF MEMBER

Date:

.....
APPROVAL BY COMPANY
(Signature of Company Official)

| |
|---------------|
| COMPANY STAMP |
|---------------|

EFT APPLICATION FORM

YOUR BANK ACCOUNT DETAILS

MEMBERS No.:

SURNAME OF ACCOUNT HOLDER:

INITIALS

ACCOUNT No.:

BANK/BUILDING SOCIETY:

BRANCH:

TYPE OF ACCOUNT:

6-DIGIT BRANCH CODE:

YOUR PERSONAL DETAILS

P O BOX:

STREET ADDRESS:

TELEPHONE: WORK:
HOME:

FACSIMILE: WORK:
HOME:

CELL NO:

E-MAIL: