



Administered by Universal Healthcare (Pty) Ltd
Universal House, 15 Tambach Road, Sunninghill Park, Sandton, 2191
PO Box 1411, Rivonia, 2128, South Africa
Tel +27 (11) 208 1000, Fax +27 (11) 208 1128
www.universal.co.za

CHANGE OF BANKING DETAILS FORM

Please complete in **BLOCK LETTERS**

This form is issued without admission of liability and must be signed by the claimant and forwarded to:

Tel 0860 100 076 / +27 11 208 1021
E-mail membership@omsmaf.co.za
Fax number 0862 106 635
Postal Address Old Mutual Staff Medical Aid Fund, PO Box 1411, Rivonia, 2128

SECTION A: MAIN MEMBER DETAILS

Member name:	<input type="text"/>	
Date of birth: (DD/MM/YY)	<input type="text"/>	
Postal address:	<input type="text"/>	
	<input type="text"/>	
Telephone number: H	<input type="text"/>	W <input type="text"/>
Cellular number:	<input type="text"/>	
Name of benefit option:	<input type="text"/>	
Membership number:	<input type="text"/>	

SECTION B: DEBIT ORDER BANKING DETAILS FOR THE PAYMENT OF CONTRIBUTIONS

Name of Account holder:	<input type="text"/>		
Name of Bank:	<input type="text"/>		
Branch:	<input type="text"/>		
Town/ City:	<input type="text"/>		
Branch code:	<input type="text"/>		
Account number:	<input type="text"/>		
Type of account (tick the applicable block):	<input type="checkbox"/> Savings	<input type="checkbox"/> Current/Cheque	<input type="checkbox"/> Transmission

I/We hereby grant permission for Universal Healthcare (Pty) Ltd to arrange with the above-named Bank or any other Bank to which I might change my account, to deduct the contribution (current and/or arrears) or member portions and PMSA debit balances due by me/us in terms of the Rules of the above-named Fund (including any amendments that may be made during the term of my/our membership) from the above-mentioned banking account each month.

If Personal Banking Account:

Account Holder's Signature:

Date: (DD/MM/YY)

If Joint Banking Account: (at least two persons who have signing powers must sign this debit order)

1st Signature:

2nd Signature:

Authorised Capacity:

Authorised Capacity:

Date: (DD/MM/YY)

NOTES: Please check all details and attach supporting documentation e.g. cancelled cheque, copy of bank statement stamped by the bank and copy of Identity Document. If you transfer your bank account at any time, or if your banking details change, please advise Universal Healthcare (Pty) Ltd immediately.

SECTION C: BANKING DETAILS FOR REFUND OF CLAIMS

Please check that all your details are correct and attach supporting documentation e.g. a cancelled cheque, a copy of a bank statement etc.

Account holder's name:

Bank's name:

Branch name & town:

Branch code: Account type: Cheque Savings Transmission

Account number:

I hereby authorise you to pay any medical aid fund benefit that may be due to me to the above-mentioned bank account or any other bank account which I might change to in future.

PROTECTION OF PERSONAL INFORMATION

Old Mutual Staff Medical Aid Fund takes the protection of Personal Information very seriously and for this reason we take all reasonable measures to protect your Personal Information and to keep it confidential. Personal information refers to information that identifies or relates specifically to you, for example, your name, age, gender, health status, identity number and your email address. In short, any information that we know about you will be regarded as your Personal Information.

We use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of medical services claims
- Fraud prevention and detection
- Statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who renders services to us.

You may access the personal information that we hold and request us to correct any errors or to delete this information.