



Contact us

Tel: 0860 100 693 • PO Box 652509, Benmore, 2010 • www.avgms.co.za

Permission to change banking details

This is a form to change banking details

Who we are

The Angloval Group Medical Scheme (referred to as 'the Scheme'), registration number 1571. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. To avoid administration delays, please ensure this application is completed in full.
- 3. You need to submit the following with this form:
 - Copy of ID
 - Bank statement/letter of confirmation from the bank not older than 3 months.
- 4. Please fax this completed and signed form with any supporting documentation to 011 539 2766 or email it to anglovaaladmin@discovery.co.za
- 5. When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.
- 6. Alternatively, you can update your bank details by visiting www.avgms.co.za if you are a registered web-user.

1. What would you like to change?																					
Debit order details	Cla	im payment d	etails 🗌			Во	th [
2. Main member details																					
Membership number																					
3. New account details for Debit Orders																					
We will start using these banking details once they are loaded onto the system.																					
Please note that we o	cannot accept cre	edit card detail	S																		
Accountholder [\Box	\square	
Bank																					
Account number																					
Type of account $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$																					
Branch number				Bra	anch	nan	ne												\Box		
4. New account details for Claims Payments																					
When should we start using the new banking details? 2 0 V M M D D																					
As per debit order details																					
Please note that we cannot accept credit card details.																					
Accountholder																					
Bank																			\Box	\Box	
Account number									Ві	ranc	h nu	ımb	er		- [-[-[
Type of account Cheque Savings																					
Branch name																		Ш			

4. New account details (continued)

Your banking details will only be changed if:

- 1. All the relevant fields on this request form have been filled in
- 2. The request has been signed by the main member
- 3. Documentation required in step 3 of "What you must do" accompanies this form.

l,		(first and last name), as the main member,
give the Scheme permission to change my banking details.		
Signed at (town or city)		on 2 0 Y Y M M D D
Signature of main member	Signature of accountholder	

Please do not sign an incomplete application form.

If the accountholder differs from the main member, the Scheme and the administrator reserve the right to obtain bank confirmation.