



**Contact details**

Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • [www.avgms.co.za](http://www.avgms.co.za)

## Member Withdrawal Application Form

### 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. This form can be completed to withdraw the membership of both the dependant and the principal member.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Human Resources department.

### A. Employer Contact Details (To be completed by employer)

Person who will receive correspondence on the application process

Contact name  Designation

Telephone  Fax

Email address

Preferred means of communicating (please tick one) Email ☐ Post ☐ Fax ☐

### B. Principal Member Details

Member name  Membership number

Employee number

### C. Withdrawals

Effective Date  Family ☐ or Dependants ☐

**Please note:** No backdated withdrawals allowed. All withdrawals need to be submitted 3 weeks in advance.

| Initials and surname | Date of Birth        | Participation status | Reason               |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### D. Banking Details (for MSA payback, if applicable)

Submit the following with this form: copy of ID – Bank Statement/letter of confirmation from the bank.

Please note that credit card accounts are not accepted. You can only use a South African bank account.

Name of bank  Branch Name

Account no.  Branch code

Name of Account holder

Account holder ID no.

Account Type Current ☐ Transmission ☐ Savings ☐

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder  Signature of principal member

Please note: if you are using someone else's bank account, the account holder must sign above to confirm this.

### E. Postal Address For Future Correspondence

Postal address

[illegible]