

Suburb / District	
City / Town	
Country	Code

4. New account details for Claims Payment

When should we start using the new banking details?

D	D	M	M	Y	Y	Y	Y
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As per debit details

Please note that we cannot accept credit card details.

Accountholder

Bank

Account Number Branch Number - - -

Type of account Cheque Savings

Branch name

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.

I, (first and last name), as the main member, give the Scheme permission to change my banking details.

Signed at (town or city) on

D	D	M	M	Y	Y	Y	Y
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Signature of main member

Please do not sign an incomplete application form.

Signature of accountholder

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

5. Debit order mandate

This signed authority and mandate refers to the application on the signed date ("the Agreement")

I, the undersigned:

- warrant that the account information I have provided above is an account in my name and that the information furnished by me/us in this Authority and Mandate is true and correct;
- authorise Anglovaal Group Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by Anglovaal Group Medical Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application on condition that the sum of such payment instructions will never exceed my obligations as framed in the which shall commence on the date that cover starts as requested on the application form and shall continue until this Authority and Mandate is terminated by me by giving Anglovaal Group Medical Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this Authority and Mandate.
- confirm that that the payment instructions mentioned above must be issued on the first working day of the month. If the membership is not activated in time for the debit order collection and there is an amount outstanding Anglovaal Group Medical Scheme can collect that amount in the interim, upon activation. If I change the date of the debit order after activation, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- authorise Anglovaal Group Medical Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement
- acknowledge that my bank will treat each payment instruction to pay premiums or amounts due under this Agreement to Anglovaal Group Medical Scheme as if each payment instruction came from me personally as the account holder.
- undertake to advise Anglovaal Group Medical Scheme in writing of any changes to my account details and acknowledge that Anglovaal Group Medical Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify Anglovaal Group Medical Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the Agreement.

- know and understand that the withdrawals hereby authorized will be processed through a computerized system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the Agreement so as to enable me to identify this membership;
- acknowledge that although this Authority and Mandate may be terminated by me, such termination does not necessarily terminate this Agreement . In the event of such termination I am not entitled to any refund of any premiums or amounts due that was withdrawn by Anglovaal Group Medical Scheme whilst this Authority and Mandate was in force if such premiums or amounts were legally owing to Anglovaal Group Medical Scheme in terms of the Agreement;
- acknowledge that although this Authority and Mandate may be terminated by me, such termination does not necessarily terminate this Agreement . In the event of such termination I am not entitled to any refund of any premiums or amounts due that was withdrawn by Anglovaal Group Medical Scheme whilst this Authority and Mandate was in force if such premiums or amounts were legally owing to Anglovaal Group Medical Scheme in terms of the Agreement;

Reference number

This Agreement reference number is ANGLO CONT/ANGLOCLAWB

Signature of main applicant

on

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M	M
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Y	Y	Y	Y
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