



Email: polmedmembership@medscheme.co.za Fax: 0861 888 110

I hereby instruct Medscheme to electronically collect contributions and to deposit claim refunds via the Electropay system. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise Medscheme to adjust any incorrect transactions and/or correct any electronic transfer of funds error without prior notice.

Personal Membership Details

Membership Number

Initials _____ Rank/Title (Mr, Mrs, Miss) _____ ID Number

Surname _____

First Name (in full) _____

Contact Details

Telephone (Home) _____ Cellphone _____

Telephone (Work) _____ Fax _____

Email Address _____

Postal Address _____ Code _____

Physical Address _____ Code _____

Use this Account for Contribution Collections and Claim Refunds

Name of Bank

Name of Branch

Branch Number

Type of Account Cheque/Current Savings Transmission

Name of Bank Account Holder

Bank Account Number

NOTE: For a cheque account/savings account/transmission account, please provide a copy of a recent bank statement. Alternatively, you may submit a stamped letter from your bank confirming the bank account details provided above. A copy of the account holder's ID must accompany this application.



Use this Account for Contribution Collections Only

Name of Bank

Name of Branch

Branch Number

Type of Account Cheque/Current Savings Transmission

Name of Bank Account Holder

Bank Account Number

NOTE: For a cheque account/savings account/transmission account, please provide a copy of a recent bank statement. Alternatively, you may submit a stamped letter from your bank confirming the bank account details provided above. A copy of the account holder's ID must accompany this application.

Use this Account for Claim Refunds Only

Name of Bank

Name of Branch

Branch Number

Type of Account Cheque/Current Savings Transmission

Name of Bank Account Holder

Bank Account Number

NOTE: For a cheque account/savings account/transmission account, please provide a copy of a recent bank statement. Alternatively, you may submit a stamped letter from your bank confirming the bank account details provided above. A copy of the account holder's ID must accompany this application.

Signature of Applicant _____

Date