



UPDATE OF BANKING DETAILS FOR REFUNDS

Home telephone number :	<input type="text"/>	Work telephone number:	<input type="text"/>
Cellular Number:	<input type="text"/>	E-mail address:	<input type="text"/>
ID number:	<input type="text"/>	Membership number:	<input type="text"/>
Bank Account Details:	<input type="text"/>		
Bank Name:	<input type="text"/>		
Account Holder:	<input type="text"/>		
Account Number:	<input type="text"/>		
Branch Name:	<input type="text"/>		
Branch Code:	<input type="text"/>		
Account Type:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission

Please Note:

- No Credit Card accounts may be used.
- Please include a copy of your recent bank statement or an official stamped letter from your bank verifying your banking details.
- Copy of your ID
- Please fax to 0861 888 110 or email polmedmembership@medscheme.co.za

Signature: _____ Date:

For further assistance, please contact our Client Services Centre on **0860 765 633** or visit your nearest Polmed Branch office.

Kind regards,
POLMED

www.polmed.co.za