

Resolution Health Medical Scheme

Registration No: 366
 Founded: 9 April 1998
 Reference No: 1575

Boskruijn Office Park
 President Fouche Avenue
 Boskruijn, 2154
 (Entrance Boskruijn Village Centre)
 PO Box 1075, Fontainebleau, 2032

Tel: 0861 796 6400
 Fax: 086 513 1438 / 086 559 7830

CHANGE OF BANK ACCOUNT DETAILS: MEMBERS

Member Name

Membership No.

CONTACT DETAILS

NB: For purposes of verification please attach a clear copy of ID or passport of the person completing the form as well as an authorisation letter confirming the said change on a company letterhead.

Residential Address Code

Postal Address Code

Telephone No. Cell

Fax No. Email

NEW ACCOUNT DETAILS

Effective Date

Account Holder

Name of Bank Branch Code

Name of Branch

Account No.

Type of Account Cheque Savings Transmission

NB: For the purposes of verification, please attach an original cancelled cheque or a clear copy of the bank statement or a letter from the bank confirming the banking details of the account holder are acceptable. Mini ATM statements will NOT be accepted. Bank statements should NOT BE OLDER THAN 90 DAYS.

Full name and surname of person completing the form:

Full Name

Surname

Designation

OFFICE USE ONLY

Instruction updated on Administrative System	YES	NO
Phoned and confirmed bank account details with	<input type="text"/>	
On	<input type="text"/>	
Requested	Approved	
Resolution Health Medical Scheme		

Please fax this form back to:

Attention: Membership Department
Fax No: 086 513 438 / 086 559 7830
E Mail: amend@resomed.co.za
Tel: 0861 796 6400

Please change bank account details

Signed at _____ on this _____ day of _____ / _____

SIGNATURE

Authorised Company Signature

Trustees: Mr. M.J. McGuigan (Chairperson), Mr. C.R. van der Poel (Vice Chair), Adv. E. Liebenberg, Mrs. L.L. Dillon
 Principal Officer: Mr. M.D. Arnold

Administered by:



RHMS18/CBM/V1