

# MEMBER APPLICATION: ELECTRONIC TRANSFER OF FUNDS

☎ 086 010 4012 | @ membership@sisonkehealth.co.za | www.sisonkehealth.co.za

Administered by Medscheme Holdings (Pty) Ltd. | ✉ PO Box 1101, Florida Glen, 1708



As amalgamated with Lonmin Medical Scheme

I hereby instruct Medscheme to electronically collect contributions and to deposit claims/refunds via the Electropay system. I understand that transfers cannot be processed 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.

Membership number  ID/Passport number

## CONTACT DETAILS

Telephone Work  Home  Cell

Email

Postal address

Residential address

## USE THIS ACCOUNT FOR CONTRIBUTION COLLECTIONS, CLAIMS AND REFUNDS

Bank name  Branch code

Branch name  Account holder

Type of account  Cheque  Transmission  Savings  Account number

*Note: Bank account details will only be uploaded where a bank stamped letter or a certified copy of a bank account statement is attached to this application. Without your correct bank account details no refund in respect of claims to you will be possible. The Scheme will not be held liable / responsible for the transfer of funds into an incorrect bank account where you have provided the incorrect bank details.*

## USE THIS ACCOUNT FOR CONTRIBUTION COLLECTION ONLY

Bank name  Branch code

Branch name  Account holder

Type of account  Cheque  Transmission  Savings  Account number

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Signature of bank account holder  Date  dd / mm / yyyy

Print name