

## Dear Member

We would like to encourage you to submit your bank account details to us so that we may pay you electronically.

Please complete the following form and send it back to us together with one of the following documents as confirmation of banking details:

- Cancelled cheque
- or letter from your bank
- or bank statement
- or bank confirmation stamp see below
- or payroll stamp see below

| Member name:                 |  |
|------------------------------|--|
| Membership no:               |  |
| Identity no:                 |  |
| Postal address:              |  |
|                              |  |
| Tel no:                      |  |
| Cell no:                     |  |
| Fax no:                      |  |
| E-mail:                      |  |
| Bank:                        |  |
| Branch name:                 |  |
| Branch code:                 |  |
| Account holder/Account name: |  |
| Account number:              |  |
| Account type:                |  |

| Bank confirmation stamp |  |  |
|-------------------------|--|--|
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |

The bank confirms that this account is FICA compliant.

Payroll stamp

Payroll confirms that the bank details are correct.

Member signature

I hereby confirm that all details supplied by me are correct.

The Scheme will not accept liability for any payment made into the incorrect bank account.

Please complete the form and submit via:

Post to: PO Box 1672, Port Elizabeth, 6000 or email to suremed@providence.co.za