



Contact us

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Permission to change banking details 2019

This is a form to change banking details

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. To avoid administration delays, please ensure this application is completed in full.
- 3. You need to submit the following with this form:
 - · Copy of ID
 - Bank statement/letter of confirmation from the bank not older than three months.
- 4. Please fax this completed and signed form with any supporting documentation to 011 539 2766 or email it to tfgchanges@discovery.co.za
- 5. When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.
- 6. Alternatively, you can update your bank details by visiting www.tfgmedicalaidscheme.co.za if you are a registered web-user.

1. What would	you like	to ch	ange	?																								
Debit order details [Cla	aim pay	ment	details					Вс	oth																	
2. Main member details																												
Membership number																												
3. New account details for Debit Orders																												
We will start using these banking details once they are loaded onto the system.																												
Please note that we cannot accept credit card details																												
Accountholder																							L	L	L			
Bank																												
Account number																												
Type of account	ype of account Cheque Savings Savings Savings Savings Savings																											
Branch number]-[I	Brar	nch	nar	ne																	
4. New account details for Claims Payments																												
When should we start using the new banking details? 2 0 Y M M D D																												
As per debit order d	As per debit order details																											
Please note that we	cannot acc	cept cre	edit ca	rd deta	ils.																							
Accountholder																												
Bank																												
Account number															ı	3rar	nch	nuı	mbe	er] –] –] -		
Type of account	Cheque []	Saving	s 🗌																				 	 			
Branch name																												

4. New account details (continued)

Your banking details will only be changed if:

- 1. All the relevant fields on this request form have been filled in
- 2. The request has been signed by the main member
- 3. Documentation required in step 3 of "What you must do" accompanies this form.

1,	nember, give the Scheme permission to change my banking details.																	(fi	rst an	ıd last	t nam	e), a	s the	e m	nain						
Signed at (town or city)																							on	2	0	Y	M	M	I D	D	
Signature of main member	Plea	ase	do	not	sig	n ar	ı inc	com	nple	te a	appl	icat	ion	for	m			gnat		r								_			

If the accountholder differs from the main member, the Scheme and the administrator reserve the right to obtain bank confirmation.