



Contact details

Tel: 0860 123 007 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Permission to change banking details

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:
 - ID copy of Main Member and that of the Account holder , if different
 - Bank statement/letter of confirmation from the bank not older than three months.
4. Please email this completed and signed form with any supporting documentation to **tfgchanges@discovery.co.za** or fax it to **011 539 2766**
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 change?

Debit order details Claim payment details Both

2. Main member details

Membership number

ID 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

Bank

Account number Branch number - - -

Type of account Cheque Savings

Branch name

Accountholder's Physical Address(Own/3rd Party/Company/Trust)

Code:

4. New account details for Claims Payments

When should we start using the new banking details?

As per debit order details

Please note that we cannot accept credit card details.

Account holder

Bank
Account number Branch number - - -
Type of account Cheque Savings
Branch name

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.

I, (first and last name), as the main member, give the Scheme permission to change my banking details.

Signed at (town or city) on

D	D	M	M	Y	Y	Y	Y
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Signature of main member Signature of accountholder

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

5. Terms and Conditions

This signed mandate refers to the debit order application on the signed date ("the agreement")

I/We, the undersigned:

- warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this mandate is true and correct;
- authorise TFG Medical Aid Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by TFG Medical Aid Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application to change banking details on condition that the sum of such payment instructions will never exceed my obligations as framed in the which shall commence on the date that the banking details are effective and shall continue until this mandate is terminated by me by giving TFG Medical Aid Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this mandate.
- confirm that that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection, and there is an amount outstanding, TFG Medical Aid Scheme can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- authorise TFG Medical Aid Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this agreement
- acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this agreement to TFG Medical Aid Scheme as if each payment instruction came from me personally as the account holder.
- undertake to advise TFG Medical Aid Scheme in writing of any changes to my account details and acknowledge that TFG Medical Aid Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein, or if the bank account is in the name of another person or entity, or as a result of my failure to notify TFG Medical Aid Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks.
- know and understand the details of each withdrawal from my bank account will be printed on my bank statement and will show the reference number inserted in the agreement so as to enable me to identify this deduction;
- acknowledge that although this mandate may be terminated by me, such termination does not necessarily terminate this agreement. In the event of such termination, I am not entitled to any refund of any contributions or amounts due that was withdrawn by TFG Medical Aid Scheme whilst this mandate was in force, if such contributions or amounts were legally owing to TFG Medical Aid Scheme in terms of the agreement;
- acknowledge that by signing this mandate I am bound by the payment terms applicable to this agreement.

Reference number

This Agreement reference numbers are TFG CONT, TFG CLAWBK

Signature of bank account holder Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if you have read and understand this statement