



CHANGE IN BANKING DETAILS **FORM**

ONCE COMPLETED EMAIL THE FORM AND RELATED DOCUMENTS TO

finance@profmed.co.za

1 PRINCIPAL MEMBERS DETAILS

Title		Initials		Surname	
First Names					
ID/Passport no.		Profmed membership number			
Street address			Postal address		
SUBURB	SUBURB				
CITY/TOWN	Post code		CITY/TOWN	Post code	
Telephone:	Work		Home		
	Cell		Fax		
Email address					

2 PLEASE CHANGE MY BANK DETAILS FOR REFUNDS

Name of account holder					
Name of bank		Branch name		Branch code	
Account number		Type of account	CHEQUE TRANSMISSION SAVINGS		

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Original or certified copy of original letter with original stamp from the bank (on an official letterhead) indicating the account holder's name, account number, account type and branch code (not older than 3 months).
- If the banking details belong to a third party, a signed letter of consent from the principal member, including the following documents for the third party:
 - i. A certified copy of ID document (not older than 3 months); and
 - ii. Original or certified copy of original letter with original stamp from the bank (on an official letterhead) indicating the account holder's name, account number, account type and branch code (not older than 3 months).

Signature of account holder _____

Date