

# Change of Bank Details Form



Attention: Membership Department  
E-mail: contributions@ppsha.co.za | Fax: 012 679 4424

PROFMED

## 1 Details of Principal Member

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Membership no.	<input type="text"/>	ID/Passport no.	<input type="text"/>		
Street address	<input type="text"/>	Postal address	<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>	Post code	<input type="text"/>		
Telephone: Work	<input type="text"/>	Home	<input type="text"/>		
Cell	<input type="text"/>	Fax	<input type="text"/>		
E-mail address	<input type="text"/>				

## 2 Please change my bank details for CONTRIBUTIONS|DEBIT ORDER

Name of account holder	<input type="text"/>				
Name of bank	<input type="text"/>	Branch name	<input type="text"/>		
Branch code	<input type="text"/>	Type of account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission	<input type="checkbox"/> Savings
Account number	<input type="text"/>				
Deduct my membership contributions monthly on the 1st of each month.					
Date	<input type="text"/>	Signature of account holder	<input type="text"/>		

## 3 Please change my bank details for REFUNDS

Are your details the same as above Yes  No  If No, please complete the section below.

Name of account holder	<input type="text"/>				
Name of bank	<input type="text"/>	Branch name	<input type="text"/>		
Branch code	<input type="text"/>	Type of account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission	<input type="checkbox"/> Savings
Account number	<input type="text"/>				
Deduct my membership contributions monthly on the 1st of each month.					
Date	<input type="text"/>	Signature of account holder	<input type="text"/>		