

# PROF MED

## CHANGE OF BANK DETAILS

Email completed forms to [contributions@ppsha.co.za](mailto:contributions@ppsha.co.za)

### 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"/>
	Post code	<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 _____			

### 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 _____			