

PROF MED

CHANGE OF BANK DETAILS FOR REFUNDS

Email the completed form and related documentation to: finance@profmed.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"/>			
<input type="text"/>	Post code	<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"/>
Email address	<input type="text"/>				

2 PLEASE CHANGE MY BANK DETAILS FOR REFUNDS

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="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>				

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).

Date Signature of account holder _____