

# Permission to change banking details 2019



## Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

## Contact us

Tel (Members): 0860 99 88 77, Tel (Health partners): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za. 1 Discovery Place, Sandton, 2196.

## Purpose of the form

This is a form to change banking details.

## What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be physically signed and cannot be signed digitally. The main applicant must sign and date any changes.
- To avoid administration delays, please make sure this form is completed in full.
- Once it is complete, email it to **administration@discovery.co.za**
- You need to submit the following with this form:
  - Copy of ID/ Passport (of the main member and the accountholder if the main member is not the accountholder)
  - Bank statement/letter of confirmation from the bank (not older than 3 months).

When you sign this application, you confirm that the information provided is true and correct.

Alternatively, you can update your claims payment details by visiting [www.discovery.co.za](http://www.discovery.co.za)

## 1. What would you like to change?

- Contribution Collection/Refund Details  Claim payment details  Both

## 2. Main member details

Title \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_  
First name(s) (as per identity document) \_\_\_\_\_  
ID number 

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
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 Membership number 

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
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## 3. New account details for premium collection/refund details - Account holder details

Please note that we cannot accept credit card details.

Please tell us why you are updating your debit order banking details by choosing the correct option:

1. Transfer of membership to private capacity (if you are paying your full contributions) from your personal bank
2. Normal premium collection/refund details update
3. Subsidy bank details (Only if you pay a portion of your contribution and the balance is paid by your employer)
4. When should we start using the new banking details? 

Y	Y	Y	Y	Y	M	M	D	D
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Bank name \_\_\_\_\_  
Branch name \_\_\_\_\_ Branch code \_\_\_\_\_  
Account number \_\_\_\_\_ Type of account  Cheque  Savings  
Account holder \_\_\_\_\_

## 4. New account details for claims payments

Same as contribution collection/refund details

When should we start using the new banking details? 

Y	Y	Y	Y	M	M	D	D
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Please note that we cannot accept credit card details

Bank name \_\_\_\_\_  
Branch name \_\_\_\_\_ Branch code \_\_\_\_\_  
Account number \_\_\_\_\_ Type of account  Cheque  Savings  
Account holder \_\_\_\_\_

Your banking details will only be changed if:

- 4.1. All the relevant fields on this request form have been filled in.
- 4.2. The request has been signed by the main member.
- 4.3. Documentation required in the "What you must do" section accompanies this form.

I, \_\_\_\_\_ (first and last name, as the main member,  
give Discovery Health Medical Scheme permission to change my banking details.

Signed at (town or city) \_\_\_\_\_ on 

Y	Y	Y	Y	M	M	D	D
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Signature of main member \_\_\_\_\_

 **Please only sign if information is true, complete and correct.**

Account holder (bank account to be debited)

1. I confirm that I have the right to give Discovery Health Medical Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Discovery Health Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorise Discovery Health Medical Scheme to verify the banking details as provided above for the purposes of setting up the required debit order.
3. I confirm that the account listed above is active and has not been de-activated due to non-compliance with verification procedures in terms of the Financial Intelligence Centre Act 38 of 2001, as amended ("FICA").

Signature of bank account holder \_\_\_\_\_ on 

Y	Y	Y	Y	M	M	D	D
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 **Please only sign if information is true, complete and correct.**

Discovery Health Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows: Email: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com) | Customer Care Centre: 0861 123 267 website:

[www.medicalschemes.com](http://www.medicalschemes.com)

Please note that this form expires on 2020/03/31. Up to date forms are always available on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find a document

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