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MEMBERSHIP UPDATE FORM

PLEASE COMPLETE APPROPRIATELY ALL THE SECTIONS BELOW IN FULL AND PROVIDE SUPPORTING DOCUMENTATION WHERE POSSIBLE

SECTION A: MAIN MEMBER INFORMATION

Membership No.					ID No.					
Members Name							Title			
Employer Name					Employee No.					
Preferred Provider Name										
Tax No. (SARS)							Gender			
Practice Number & Area										
Race (please tick)	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian/Asian	<input type="checkbox"/> White						

SECTION B: CHANGES TO CONTACT INFORMATION

Cell No.					Work Tel.				
Home Tel. No.				E-mail					

Preferred method of communication (please tick) Email SMS Post

New Postal Address							Postal Code			
New Residential Address							Postal Code			

SECTION C: DEPENDANT DETAIL UPDATE ONLY (NOT FOR ADDITION)

	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Name and Surname of dependant					
ID number (compulsory)					
Sex (M/F)					
Race (African, Coloured, Indian/Asian, White)					
Address, if different from member					
Cell no.					
Notes for change to be made					

SECTION D: TERMINATION OF DEPENDANTS

Surname	Name	Date of Birth	Date of Termination	Reason
1.				
2.				
3.				

SECTION E: OTHER REQUESTS (example: change of surname, rectify personal details not listed above, etc.)

1.	
2.	

Please ensure relevant documentation is attached to the update form to avoid any delay in processing.

I declare that the information given is true and correct and I am aware that any false statement will render my membership of the Scheme null and void.

Signature of Member

HR Stamp

HR Details/Signature

Date