



Changes to bank details

2020

Important notes:

- Complete this form to change your banking details.
- If a company bank account is to be deducted, section 2.3 may only be signed by the authorised person.
- Please provide a copy of the principal member and contribution payer's ID.
- Please submit the completed and signed form via fax to **031 580 0613** or email at **membership@momentumhealth.co.za**.

1: Principal member's details

Membership number	<input type="text"/>										
ID/Passport number	<input type="text"/>										
Employer	<input type="text"/>										
	Group number					<input type="text"/>					
Title	<input type="text"/>		Initials	<input type="text"/>		First name	<input type="text"/>				
Surname	<input type="text"/>										
Telephone - home/cell/work	<input type="text"/>					Employee number	<input type="text"/>				
Email address	<input type="text"/>										

2: Banking details for payment of contributions

Is the contribution payer the	<input type="text"/>	
	Principal member (complete sections 2.2 and 2.3a)	
	<input type="text"/>	
	Company or 3rd party payments (complete sections 2.1, 2.2 and 2.3b)	

2.1

Title	<input type="text"/>		Initials	<input type="text"/>		First name	<input type="text"/>				
Surname/Name of company	<input type="text"/>										
ID/Passport number	<input type="text"/>										
	Gender					Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
Postal address (if different)	<input type="text"/>										
	<input type="text"/>										
	<input type="text"/>										
Telephone - home	<input type="text"/>					Cellphone number	<input type="text"/>				
Email address	<input type="text"/>										

2.2

(Please do not provide credit card details. Momentum Medical Scheme is not allowed to record your credit card details)

Name of account holder	<input type="text"/>											
Name of bank	<input type="text"/>											
Account number	<input type="text"/>											
Account type	Current/Cheque			<input type="checkbox"/>	Savings			<input type="checkbox"/>	Transmission			<input type="checkbox"/>
Branch code	<input type="text"/>					Branch name	<input type="text"/>					

2: Banking details for payment of contributions (continued)

2.3 Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

Momentum Medical Scheme may debit the above account with the amount due under the contract in accordance with the Momentum Medical Scheme debit order system. Momentum Medical Scheme will debit the bank account for contributions on the 1st working day of every month. I understand that Momentum Medical Scheme bills for contributions in advance and dependent on my commencement and activation dates there may be more than a single contribution payable to the Scheme.

If an **individual's** account is to be debited:

If a **third party's account*** details are used, please provide a copy of their ID.

*Consent from third party:

I (name and surname)

ID number

consent to Momentum Medical Scheme deducting the contributions due for this member from my bank account.

Signature of principal member or third party (if applicable)

Date

If a **company** account is to be debited:

- I/we warrant that the principal member referred to in this application is an employee of our organisation.
- Momentum Medical Scheme may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

Name

Position in company

Signature of account holder/ Authorised signatory

Date

Company stamp/letterhead

3: Banking details for claim refunds payable to member

You, as the principal member, need to sign this section if a third party's bank details are being used for claims reimbursement. If a third party's account details are used, please provide a copy of their ID and the principal member's ID.

Tick this box if we may use the same bank account details provided for your Momentum Medical Scheme contribution payments.

If not, please complete the bank details below.

(Please do not provide credit card details. Momentum Medical Scheme is not allowed to record your credit card details)

Name of account holder

Name of bank

Account number

Account type

Branch code

Branch name

Signature of principal member

Date

Changes to complementary product bank details

2020

Important note:

- You can choose to make use of additional products available from Momentum, part of Momentum Metropolitan Life Limited, to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. These voluntary complementary products are not medical scheme benefits. You can be a member of Momentum Medical Scheme without taking any of the complementary products that Momentum offers.

1: Banking details for payment of contributions

Please indicate the contribution payer for each of the complementary products applied for:

Contribution payer	Multiply	HealthSaver	AdviceFee
Principal member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company (as per company application form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please do not provide credit card details. Momentum is not allowed to record your credit card details)

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<input type="text"/>		
Account type	Current/Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Branch code	<input type="text"/>	Branch name	<input type="text"/>
Amount	HealthSaver R <input type="text"/>	AdviceFee R <input type="text"/>	Multiply R <input type="text"/>
Starting date	<input type="text"/>		

Notes:

- The deduction date is the first working day of the month.
- The abbreviated name as registered with the bank, which will reflect on your bank statement, is:
 - HealthSaver: Health Sav DB followed by your membership number
 - AdviceFee: Advice Fee DB followed by your membership number
 - Multiply: Momentum followed by your membership number

2: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay per complementary product. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified.

If an **individual's** account is to be debited:

If a **third party's account*** details are used, please provide a copy of their ID.

*Consent from third party:

I (name and surname)	<input type="text"/>
ID number	<input type="text"/>

consent to Momentum deducting the contributions due for this member from my bank account.

Signature of principal member or third party (if applicable)

Date

2: Authorisation for contribution collection (continued)

If a **company** account is to be debited:

- I/we warrant that the principal member referred to in this application is an employee of our organisation.
- Momentum may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

Name

Position in company

**Signature of account holder/
Authorised signatory**

Date

Company stamp/letterhead