

The Building & Construction Industry Medical Aid Fund

Reference no. 1590. Registered in terms of the Medical Schemes Act no. 131 of 1998



MEMBER BANKING DETAIL FORM

Dear Member

We URGENTLY require your banking details as we will no longer be issuing cheques. Any monies now due to you will be held in a suspense account until such time as we receive your banking details.

Please fax to: 086 529 2757 **or email:** bcimafund@universal.co.za

Name:	<input type="text"/>
Membership Number:	<input type="text"/>
Identity Number:	<input type="text"/>
Telephone Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>

BANKING DETAILS:

Account in Name of:	<input type="text"/>
Name of Bank:	<input type="text"/>
Branch:	<input type="text"/>
Branch Code:	<input type="text"/>
Account No:	<input type="text"/>
Account Type:	Cheque <input type="text"/> Transmission <input type="text"/> Savings <input type="text"/>

PLEASE REMEMBER TO ATTACH PROOF OF BANK DETAILS WHEN SUBMITTING THIS FORM. (CANCELLED CHEQUE, BANK STATEMENT OR BANK LETTER)

DISCLAIMER:

It is the member's responsibility to advise the administrator in writing of any change in banking details. Neither the Scheme nor its Administrator shall be held liable should an incorrect amount be credited under any circumstances.

Authorised Signature/s

Date:

D	D	M	M	Y	Y	Y	Y
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Member Signature
(If different from authorised signature)

Date:

D	D	M	M	Y	Y	Y	Y
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Date:

D	D	M	M	Y	Y	Y	Y
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