Cimas Medical Aid Society

Harare Head Office: Cimas House, Cnr. Jason Moyo Ave and Harare Street,
P.O. Box 1243, Harare, Zimbabwe. Phone 263-04-777300-15. Fax 753567

Cimas Bulawayo: Suite 4 Medical Centre, Cnr. Josiah Tongogara Street and 8th Ave,
P.O. Box 5, Bulawayo. Phone 263-09-64876, 72318

Cimas Gweru: No. 23 Sixth Street, P.O. Box 1402, Gweru. Phone 054-26178

Cimas Mutare: Cimas House, 98 Second Street,
P.O. Box 712 or 2560, Mutare. Phone 020-67703, 67639 Fax 020-67795

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

This form should be completed by Principal members who have an account with a commercial bank or a building society and want the Society to deposit their claims refunds directly into their accounts.

Please note that your bank account or building society holder name must be the same as the name on your Cimas membership card.

SURNAME:

FIRST NAMES:

PREFERRED POSTAL ADDRESS:

NATIONAL IDENTITY NO.:

NAME OF EMPLOYER: .....

Telephone: ..... **(Bus)** ..... **(Home)** ..... **(Cell:)**

E-mail: .....

I, Cimas Member Number: hereby authorise the Society to deposit my claims refund payments directly into my bank or building society account, the details of which, are indicated below. I understand that should I wish to cancel this facility, or to change my bank details I must give the Society one month's written notice of such change.

NAME OF BANK OR BUILDING SOCIETY: ..... **BRANCH:** .....

BRANCH CODE: **A/C NO.:**

Should the Society erroneously deposit money into my account I hereby authorise the Society to deduct such money from my account.

Signature: ..... **Date:** .....

Please return the form marked for the attention of the Assistant Manager (Special Projects)

OFFICE USE

Approved By ..... **Signature** ..... **Date** .....

Computer Input By ..... **Signature** ..... **Date** .....