

Cimas Medical Aid Society
MEMBERSHIP UPDATE FORM

MEMBER NAME:

MEMBERSHIP NUMBER

NATIONAL ID NUMBER

NAME OF EMPLOYER

RESIDENTIAL ADDRESS

.....

.....

POSTAL ADDRESS

(if different from above)

.....

.....

TELEPHONE – HOME BUSINESS

CELL E-MAIL

ELECTRONIC FUNDS TRANSFER

The Society has an ELECTRONIC FUNDS TRANSFER facility that allows members' claims to be paid directly into their Commercial Bank or Building Society accounts. This facility ensures that the refunded money is immediately available to the member while also reducing the turn around time for claims. All members must register for this facility. Please ensure that you are registered for this facility by completing your bank details.

NAME OF BANK OR BUILDING SOCIETY

BRANCH

BRANCH CODE

A/C NO.

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SIGNATURE

DATE