



Account type      Current       Transmission       Savings       Branch code

Name of account holder

Account number

Signature of account holder

I, , hereby give Discovery Health (Pty) Ltd and/or BMW Employees Medical Aid Society permission to charge my bank account for my contributions to BMW Employees Medical Aid Society.

### 3. Banking details for reimbursement of your claims

#### What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank.

Same as above?    Yes     No     (if "No" please complete below)

Bank name       Branch name

Account type      Current       Transmission       Savings       Branch code

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Signature of account holder

### 4. Your legal declaration

It is my sole responsibility as a member to make sure BMW Employees Medical Aid Society receives the monthly premium. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.

I confirm the content of this application is true and complete.

I agree to advise BMW Employees Medical Aid Society in writing of any change in details that may occur between the date of this application form and the activation of my membership with BMW Employees Medical Aid Society.

Signed at (town or city)

Signature of applicant       Date

Please do not sign an incomplete form

### 5. Your employment details

If your employer is paying your full contribution or a part of it, please complete this section:

Name of employer

Employer / billing number

Employee number       Date of employment

1. Employer contact person	2. Employer contact person
Telephone <input type="text"/>	Telephone <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>
Branch name <input type="text"/>	Branch name <input type="text"/>
Department name <input type="text"/>	Department name <input type="text"/>
Date of promotion (if applicable) <input type="text"/>	Date of promotion (if applicable) <input type="text"/>

Please ensure your employer completes this warranty.