

CHANGE OF BANKING DETAILS GAP COVER

INSTRUCTION

Please complete the form in writing and print, sign, scan and email the completed form to **omservice@insuremed.co.za**

NB: Notice of a change in bank details must be received by the 6th of a month to be effective from the 1st of the following month.

1. PERSONAL DETAILS OF PRINCIPAL MEMBER

Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
Full Name:	<input type="text"/>			Gender:	<input type="text" value="MALE"/> <input type="text" value="FEMALE"/>
Policy No:	<input type="text"/>			ID No:	<input type="text"/>
Telephone (W):	<input type="text"/>			Fax No:	<input type="text"/>
Telephone (H):	<input type="text"/>			Cell No:	<input type="text"/>
Email Address:	<input type="text"/>				

2. BANKING DETAILS

Account Holder:	<input type="text"/>				
Name of Bank:	<input type="text"/>	Branch Code:	<input type="text"/>		
Account No:	<input type="text"/>	Account type:	<input type="text" value="Cheque"/> <input type="text" value="Current"/> <input type="text" value="Savings"/> <input type="text" value="Transmission"/>		
Debit Order Date:	<input type="text" value="1st"/> <input type="text" value="5th"/> <input type="text" value="15th"/> <input type="text" value="25th"/>				
Effective From:	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>				
I, (full name)	<input type="text"/> hereby authorise the deduction of my monthly contribution for Old Mutual Gap Cover. I acknowledge that these premiums will be deducted from the account above monthly on the selected debit order date.				

If you are not the account holder, kindly provide the contact details of the account holder in order to obtain their consent to debit their account.

Contact details:	<input type="text"/>				
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature of Account Holder:	<input type="text"/>		
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature of Policy Holder:	<input type="text"/>		