The Building & Construction Industry Medical Aid Fund

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

Est 1964 BCIMA Medical Aid

MEMBER BANKING DETAILS 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.
email: bcimafund@universal.co.za

Name:

Membership Number:

Identity Number:

Telephone Number: ( )

Email Address:

BANKING DETAILS

Name of Account Holder:

Name of Bank:

Branch Name: Branch Code:

Account no.:

Account type: Cheque/Current Savings Transmission

PLEASE REMEMBER TO ATTACH PROOF OF BANK DETAILS WHEN SUBMITTING THIS FORM. CONFIRMATION LETTER FROM THE BANK OR BANK STATEMENT.

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

D D M M Y Y Y Y
Date:

Member Signature
(If different form authorised signature)

D D M M Y Y Y Y
Date:

BCIMA Claims Department

D D M M Y Y Y Y
Date: