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

PERSONAL DETAILS UPDATE FORM

Kindly complete, post or email: bcimafund@universal.co.za

Membership no.:

Race: African | Coloured | Indian/Asian | White

Tax Reference no.:

Surname & Initials:

ID no.:

Postal address:

Code:

Physical address:

Code:

Tel no.: Home: ( ) Work: ( )

Cell: ( ) Fax: ( )

E-mail:

Union: Y N Union name:

Banking Details:

Name of account holder:

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.

Authorised signature

Date: D D M M Y Y Y Y

DISCLAIMER: It is the member's responsibility to advise the administrator in writing of any change in banking details. Neither the Fund or its administrator shall be held liable should an incorrect amount be credited under any circumstances.

The Fund shall take all reasonable steps to ensure that all staff within the Fund and all third parties who have access to beneficiary information for the purpose of data transfer and management, Fund Administration, Managed Care agreements and compliance with applicable legislation, keep the personal information of beneficiaries confidential and comply with applicable legislation.