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

SUPPLIER BANKING DETAIL FORM

PLEASE COMPLETE IN FULL AND POST, E-MAIL BACK

Post: P O Box 3201, Johannesburg 2000 | **Email:** bcimasuppliers@universal.co.za

Supplier Name: | Practice Number:

Postal Address:

Postal Code:

Physical Address:

Postal Code:

Telephone Number: | Cell Number:

Fax Number: | VAT Number:

E-mail:

Account Holder: | Name of Bank:

Branch Code: | Account No:

Account Type: Cheque: | Transmission: | Savings:

PLEASE REMEMBER TO ATTACH PROOF OF BANK DETAILS WHEN SUBMITTING THIS FORM (CANCELLED CHEQUE, BANK LETTER OR COPY OF STATEMENT

DISCLAIMER:

It is the supplier's responsibility to advise the administration in writing of any change in banking details. Neither the Scheme nor its Administrator will be held liable should an incorrect account be credited under any circumstances.

PLEASE NOTE:

Details need to be updated with the Board of Healthcare Funders (BHF) as well in order for your systems to be updated correctly. Please ensure that this is done when sending the Scheme your updated details.

Please sign as confirmation and authorisation of details above.

1._____

AUTHORISERS SIGNATURE/S

Authoriser's ID No:

Date: D D M M Y Y Y Y

1._____

SUPPLIERS SIGNATURE
(If different from the authorised signature)

Supplier's ID No:

Date: D D M M Y Y Y Y

2._____

AUTHORISERS SIGNATURE/S

Authoriser's ID No:

Date: D D M M Y Y Y Y

2._____

SUPPLIERS SIGNATURE
(If different from the authorised signature)

Supplier's ID No:

Date: D D M M Y Y Y Y