



Administered by:  
Momentum Medical Scheme Administrators  
PO Box 2338, Durban, 4000  
Tel: 0861 000 300  
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*Taking care of our own*

## UPDATE / AMEND BANKING DETAILS FORM



### SECTION A: Personal Details

Member's name:

Surname:

Reference number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ID number, members only:

### SECTION B: Banking Details

Bank:

Branch name:

Branch code:

Name of account holder:

Type of account:

Account number:

I \_\_\_\_\_ [name and surname to be inserted here] declare that the information provided above is correct and that funds can be deposited into this bank account. Should any of the details provided above change, I undertake to inform MOTO HEALTH CARE of such changes immediately, in writing.

\_\_\_\_\_  
Signature of member

**Please ensure that a cancelled cheque or a recent bank statement is attached before sending the form through to MOTO HEALTH CARE.**

*Please fax the completed and signed form through to MOTO HEALTH CARE at fax number 031 580 0525.*