



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

## UPDATE / AMEND BANKING DETAILS NOMINATION FORM



### SECTION A: This section to be completed and signed by the nominator

I \_\_\_\_\_

in my capacity as \_\_\_\_\_ from \_\_\_\_\_

nominate \_\_\_\_\_

In his/her capacity as \_\_\_\_\_ to forward all relevant information regarding employees financial records to MOTO HEALTH CARE.

Should the employee I have nominated no longer be available to perform the function he/she has been nominated for, I undertake to inform MOTO HEALTH CARE of such change, and nominate a new employee in his/her place, to forward the necessary information to MOTO HEALTH CARE.

\_\_\_\_\_  
Signature of nominator

\_\_\_\_\_  
Date

### SECTION B: This section to be completed and signed by the nominee

I \_\_\_\_\_

in my capacity as \_\_\_\_\_ from \_\_\_\_\_

accept the nomination and undertake to forward all relevant information regarding employees financial records to MOTO HEALTH CARE.

\_\_\_\_\_  
Signature of nominee

\_\_\_\_\_  
Date

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