

## TRANSFER OF MEMBERSHIP FOLLOWING DEATH

**PLEASE COMPLETE IN BLOCK LETTERS.**

It is imperative that all sections of this form be completed in full. Failing to do so will cause a delay in the processing of the request, as the incomplete form will be returned to the applicant.

Once the form has been completed, it should be returned to [membership@imperialmotusmed.co.za](mailto:membership@imperialmotusmed.co.za). You may also fax it to 0860 111 788 or post it to PO Box 2287, Bellville 7535.

If you require assistance in completing this form, please call 0860 467 374.

**1. TRANSFER OF PRINCIPAL MEMBERSHIP FOLLOWING DEATH**

Please attach a copy of the death certificate.

Member number	<input type="text"/>	Title	<input type="text"/>
Surname of deceased	<input type="text"/>		
First name(s) of deceased	<input type="text"/>	Initials	<input type="text"/>

**2. PERSONAL DETAILS OF NEW PRINCIPAL MEMBER**

Please attach a copy of your ID.

Surname of new principal member	<input type="text"/>		
First name(s) of new principal member	<input type="text"/>	Initials	<input type="text"/>
Identity/Passport number	<input type="text"/>		
Telephone numbers	<input type="text"/> Work	Home	<input type="text"/>
	<input type="text"/> Fax	Cell number	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/> Code <input type="text"/>		

**3. BANKING DETAILS (AS ON DEBIT FORM)**

Please attach a copy of your ID and a bank statement or stamped letter from your bank (not older than three months).

Name of account holder	<input type="text"/>		
Account number	<input type="text"/>		
Name of bank	<input type="text"/>		
Branch name	<input type="text"/>		
Eight-digit branch code	<input type="text"/>		
Account type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission <input type="checkbox"/> Cheque

MEMBER NUMBER

**4. DETAILS OF THE EXECUTOR**

Surname of executor

First name(s) of executor  Initials

Telephone numbers  Work  Cell number

Postal address   
  
 Code

**5. CONTINUATION OF MEMBERSHIP**

Please attach proof of income of the new principal member.

I wish to continue my membership of Imperial Motus Med  Yes  No

Pensionable income of new principal member

**6. OPTION SELECTION**

Please indicate which plan you prefer by ticking one of the boxes below – you may only choose one.

Imperial Motus Med Health Plan  Imperial Motus Med Budget Plan

**7. CHOICE OF NETWORK GENERAL PRACTITIONER (ONLY APPLICABLE IF YOU CHOOSE THE BUDGET PLAN)**

If you chose to be on the Imperial Motus Med Budget Plan, please provide the details of one or two general practitioners you would like to make use of:

**General practitioner 1**

General practitioner's name and surname

Practice number

Address   
  
 Code

Telephone number

Email address

**General practitioner 2**

General practitioner's name and surname

Practice number

Address   
  
 Code

Telephone number

Email address

