

## BANKING DETAILS FOR REFUNDS

- 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 this form has been completed, it should be returned to [membership@imperialmotusmed.co.za](mailto:membership@imperialmotusmed.co.za).
- If you require assistance in completing this form, please call **0860 467 374**.

**PLEASE COMPLETE IN BLOCK LETTERS.**

### 1. MEMBER INFORMATION

Membership number	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>
Full name and surname	<input type="text"/>				
Identity/Passport number	<input type="text"/>	Contact number	<input type="text"/>		
Physical address	<input type="text"/>				
	<input type="text"/>	Code	<input type="text"/>		
Email address	<input type="text"/>				

### 2. BANKING DETAILS

The details of the bank account will be used to issue refunds due to you by direct deposit.

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

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

### 3. DECLARATION

I authorise Imperial Motus Med to refund my bank account in terms of the rules of the Scheme, without prejudice to the rights of Imperial Motus Med. This authorisation is to remain in force until I cancel my membership by giving written notice to Imperial Motus Med, as required in terms of the rules. I undertake to notify Imperial Motus Med immediately of any change in respect of my bank account.

Name of account holder	<input type="text"/>		
Signature of account holder	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>