

## 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).

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"/> Cell number		
Email address	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/> Code <input type="text"/>		

### 3. BANKING DETAILS (AS ON DEBIT ORDER 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

Physical 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

Physical address   
  
 Code

Telephone number

Email address

General practitioner 2

General practitioner's name and surname

Practice number

Physical address   
  
 Code

Telephone number

Email address

