The Building & Construction Industry Medical Aid Fund



Reference no. 1590. Registered in terms of the Medical Schemes Act no. 131 of 1998

Personal Details Update Form

| Kindly complete an | d fax, po | st or en | nail: b | cimaf | und@ |)univ | ersal. | co.za | | | | | | | | | | |
|---|----------------------|-------------------------------------|----------|-------|--------------|-------|--------|-------|--------------------|-------|------|--|----|-----|---|---|---|---|
| Membership no.: | | | | | | | | | | | | | | | | | | |
| Race: | African | Cold | Coloured | | Indian/Asian | | White | | Tax Reference no.: | | | | | | | | | |
| Surname & Initials: | s: | | | | | | | | | | | | | | | | | |
| ID no.: | | | | | | | | | | | | | | | | | | |
| Postal address: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Co | de: | | | | |
| Physical address: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Co | de: | | | | |
| Tel no.: Home: | (| () | | | | | | | Work: (| | | | | | | | | |
| Cell: | () | | | | | | | | Fax: | | () | | | | | | | |
| E-mail: | | | | | | | | | | | | | | | | | | |
| Union: | Y N Union name: | | | | | | | | | | | | | | | | | |
| Banking Details: | | | | | | | | | | | | | | | | | | |
| Name of account holder: | | | | | | | | | | | | | | | | | | |
| Bank: | | | | | | | | | | | | | | | | | | |
| Branch name: | | | | | | | | | Branc | h cod | e: [| | | | | | | |
| Account no.: | | | | | | | | | | | | | | | | | | |
| Account type: | Cheque/0 | Cheque/Current Savings Transmission | | | | | | | | | | | | | | | | |
| PLEASE REMEMBER TO ATTACH PROOF OF BANK DETAILS WHEN SUBMITTING THIS FORM. CONFIRMATION LETTER FROM THE BANK OR BANK STATEMENT. | | | | | | | | | | | | | | | | | | |
| | Authorised signature | | | | | | | | Date: D | | | | | M | Υ | Υ | Υ | Υ |

DISCLAIMER: It is the member's responsibility to advise the administrator in writing of any change in banking details. Neither the Fund or its administrator shall be held liable should an incorrect amount be credited under any circumstances.

The Fund shall take all reasonable steps to ensure that all staff within the Fund and all third parties who have access to beneficiary information for the purpose of data transfer and management, Fund Administration, Managed Care agreements and compliance with applicable legislation, keep the personal information of beneficiaries confidential and comply with applicable legislation.

