

The Building & Construction Industry Medical Aid Fund

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



Member Information Update Form

PRINCIPAL MEMBER DETAILS

Membership no.:	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname & First Name(s)	<input type="text"/>											
Title:	<input type="text"/>	Marital Status:	<input type="text"/>	Nationality:	<input type="text"/>	Present Age:	<input type="text"/>					
ID no.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Tax Reference no.:	<input type="text"/>											
Postal address:	<input type="text"/>											
	<input type="text"/>										Code:	<input type="text"/>
Physical address:	<input type="text"/>											
	<input type="text"/>										Code:	<input type="text"/>
Tel no.:	Home:			<input type="text"/>			Work:			<input type="text"/>		
Cell:	<input type="text"/>			Fax:			<input type="text"/>					
E-mail:	<input type="text"/>											

Please ensure your contact details are updated at all times.

Occupation:	<input type="text"/>	Date Employed:	<input type="text"/>
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Written proof of all income must be attached to this form. i.e. pension, gross monthly / weekly income, commission, dividends, fringe benefits, interest. (Latest IT34 tax assessment and certificates)

(Self) R	(Spouse) R
<input type="text"/>	<input type="text"/>

DEPENDANT DETAILS (INCLUDING SPOUSE/PARTNER)

No	Gender	First Names & Surname	Identity Number	Relationship

EMPLOYER DETAILS

Name of Employer: Registration No:

Contact person:

Postal Address:

Code:

E-Mail Address:

Tel no.: Fax:

Cell:

I declare that I have disclosed all particulars relevant to this update form and that I am aware that any false statement or non-disclosure of information will relieve the Scheme from liability and subject my membership to cancellation.

SIGNATURE OF APPLICANT

Date:

D	D	M	M	Y	Y	Y	Y
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EMPLOYERS SIGNATURE AND/OR COMPANY STAMP

Date:

D	D	M	M	Y	Y	Y	Y
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