

The Building & Construction Industry Medical Aid Fund

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



SUPPLIER BANKING DETAIL FORM

PLEASE COMPLETE IN FULL AND POST, FAX OR E-MAIL BACK

Post: P O Box 3201, Johannesburg 2000 | **Fax:** 086 529 2757 | **Email:** bcimafund@universal.co.za

Supplier Name:	<input type="text"/>	Practice Number:	<input type="text"/>
Postal Address:	<input type="text"/>		
	<input type="text"/>	Postal Code:	<input type="text"/>
Physical Address:	<input type="text"/>		
	<input type="text"/>	Postal Code:	<input type="text"/>
Telephone Number:	<input type="text"/>	Cell Number:	<input type="text"/>
Fax Number:	<input type="text"/>	VAT Number:	<input type="text"/>
E-mail:	<input type="text"/>		
Account Holder:	<input type="text"/>	Name of Bank:	<input type="text"/>
Branch Code:	<input type="text"/>	Account No:	<input type="text"/>
Account Type:	Cheque: <input type="text"/>	Transmission: <input type="text"/>	Savings: <input type="text"/>

PLEASE REMEMBER TO ATTACH PROOF OF BANK DETAILS WHEN SUBMITTING THIS FORM (CANCELLED CHEQUE, BANK LETTER OR COPY OF STATEMENT)

DISCLAIMER:

It is the supplier's responsibility to advise the administration in writing of any change in banking details. Neither the Scheme nor its Administrator will be held liable should an incorrect account be credited under any circumstances.

PLEASE NOTE:

Details need to be updated with the Board of Healthcare Funders (BHF) as well in order for your systems to be updated correctly. Please ensure that this is done when sending the Scheme your updated details.

Please sign as confirmation and authorisation of details above.

1. _____
AUTHORISERS SIGNATURE/S

Authoriser's ID No:

Date:

1. _____
SUPPLIERS SIGNATURE
(If different from the authorised signature)

Supplier's ID No:

Date:

2. _____
AUTHORISERS SIGNATURE/S

Authoriser's ID No:

Date:

2. _____
SUPPLIERS SIGNATURE
(If different from the authorised signature)

Supplier's ID No:

Date: