

# BANK DETAILS UPDATE FORM



Tel: +264 83 2999 000

E-mail a copy of the completed form to: gemhealthmember@prosperitynam.com

"Please do not use Tippex in the completion of this form - kindly initial where errors have been made and complete accordingly".

## Section A - Applicant Details

ACB (Claims Refund)	<input type="checkbox"/>	Debit Order	<input type="checkbox"/>	Both	<input type="checkbox"/>	
Membership Number						
CB Number						
Company Name						
Title		Initials		Full Names		
Surname						
Postal Address					Postal code	
Telephone Number	(H) Code			(W) Code		
Cellphone Number					Fax Number	
E-mail Address						

## Section B - Bank Details *(For Debit Order Contributions or EFT Claim Refunds)*

**IMPORTANT NOTICE:** It is compulsory to supply GEMHEALTH with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)

Claims Refund	<input type="checkbox"/>					
Name of Account Holder						
Bank Name					Bank Branch Name	
Account Number					Bank Branch Code	<input type="text"/>
Type of Account	Cheque / Current		<input type="checkbox"/>	Savings	<input type="checkbox"/>	Signature of Account Holder

## Section C - Agreement

I, the undersigned, hereby declare that the information given above is true and correct. I also agree that should any of these details change, that I shall inform the administrator in writing within seven working days.

Signed at		on this		day of	
Signature		Print Name			

## Section D - For Office Use Only

Processed by (Print Name)									
Date	D	D	M	M	Y	Y	Y	Y	

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