

# BANK DETAIL UPDATE FORM

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# NAPOTEL

MEDICAL AID FUND



## Section A - Member Details:

ACB (Claims refunds)  Debit Order  Both

Member name and surname/  
Company name:

Membership number/  
CB number:

Postal address:

Telephone number:  
(Including area code)

Fax number:  
(Including area code)

E-mail address:

Cellphone number:

## Section B - Banking Details: (Please attach a cancelled cheque or confirmation from your bank to ensure accuracy)

Bank name:

Account holder's name:

Account type: Current  Savings  Transmission

Account No.:

Branch code & name:

## 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

Administered by Prosperity Health