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# REQUEST TO CHANGE MEMBERSHIP DETAILS, SCHEME OPTION OR CARD REQUEST

1. Please complete the application form in PRINT with black ink and forward to Platinum Health.
2. The principal member must sign the form

3. Please supply your Platinum Health membership number:

## 1. MEMBER DETAILS (Please complete in full)

Title:	<input type="text"/> Prof <input type="text"/> Dr <input type="text"/> Mr <input type="text"/> Mrs	Initials:	<input type="text"/> <input type="text"/> <input type="text"/>	Surname:	<input type="text"/>		
Names in full (as per identity document): <input type="text"/>							
Date of birth:	<input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	E-mail:	<input type="text"/>				
Residential address: <input type="text"/>							
<input type="text"/>					Postal code:	<input type="text"/>	
WhatsApp no:		<input type="text"/>	Tel no (Work):		<input type="text"/>	Cell no:	<input type="text"/>
Identity or passport number:		<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Employee number:		<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"/>		Tax number:		<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"/>	
Workplace:			<input type="text"/>		Employer:		<input type="text"/>

## 2. MEMBER CHANGE (Please complete in full)

<input type="checkbox"/> Change of banking details	<input type="checkbox"/> Change of surname	<input type="checkbox"/> Change of residential address
<input type="checkbox"/> Termination of membership	<input type="checkbox"/> Termination of dependant	<input type="checkbox"/> Deceased
<input type="checkbox"/> Medical Boarding	<input type="checkbox"/> Retirement	
<input type="checkbox"/> Option change	From: <input type="text"/> PlatComp <input type="text"/> Platfreedom <input type="text"/> PlatCap	To: <input type="text"/> PlatComp <input type="text"/> Platfreedom <input type="text"/> PlatCap

(Only permitted between 1-30 November annually)

NOTE: PLEASE PROVIDE FULL DETAILS OF THE MEMBERSHIP CHANGE (Dep name and date of birth) AND ATTACH RELEVANT DOCUMENTATION (e.g. marriage certificate/proof of income/death certificate/banking details certified by bank)

<input type="text"/>
<input type="text"/>

Membership change with effect from:  C  C  Y  Y  M  M  D  D (Note that 30 days' notice period will be added from the date Platinum Health receives the document in order to terminate dependents)

## 2. CARD REQUEST

Default option is electronic card, should you wish to have one physical card printed, please indicate below:

<input type="checkbox"/> Damaged	<input type="checkbox"/> Lost/stolen	<input type="checkbox"/> Addition
Collect at PHMS facility	<input type="checkbox"/> Name of facility	<input type="text"/>
Collect at Employer	<input type="checkbox"/> Employer operation/site	<input type="text"/>
Principal Member signature:		<input type="text"/>
Date:		<input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D

All changes must be accompanied by a copy of an Identity Document.