Private Bag X82081, Rustenburg, 0300 • Tel: (014) 590 1700 • ZZGEngagementOfficeMembership@platinumhealth.co.za • www.platinumhealth.co.za

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: Prof | Dr | Mr | Ms Initials: Surname:

Names in full (as per identity document)

Date of birth: C C Y Y M M D D

Email:

Postal address:

Postal code:

Residential address:

Postal code:

Tel no (home): Tel no (work): Cell no:

Identity or passport number:

Employee number: Tax number:

Workplace: Employer:

2 MEMBERSHIP CHANGE (Please complete in full)

☐ Change of banking details ☐ Change of surname ☐ Change of postal address ☐ Change of residential address ☐ Termination of membership ☐ Termination of dependant ☐ Deceased

Medical Boarding: Continue | Terminate membership

Retirement: Continue | Terminate membership

☐ Option change From: PlatComp | PlatFreedom | PlatCap To: PlatComp | PlatFreedom | PlatCap

(Only permitted between 1-30 November annually)

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

Membership change with effect from: C C Y Y M M D D

3 CARD REQUEST

☐ Damaged ☐ Lost/stolen ☐ Addition ☐ Quantity

Card to be delivered to: ☐ Employer Operation/Site: _____ ☐ 175 Beyers Naudé ☐ Post/ Mail to: Residential address | Postal address

PRINCIPAL MEMBERS SIGNATURE: DATE: