



# PERSONAL AND BANKING DETAILS FORM

**PLEASE COMPLETE THE FOLLOWING DETAIL IN FULL AND EMAIL TO: MEMBERSHIP@UNIVERSAL.CO.ZA.**

Member name

Name of option

Membership number

Postal address  Postal code

Physical address  Postal code

Telephone details Work  Cell  Home

Fax number  Email address

Full names of all beneficiaries registered on Scheme (including main member)	Date of birth	Identity number	Tax number

## BANKING DETAILS

Name of account holder

Name of bank

Branch code  -  -

Account number

Type of account (please tick) Current  Savings  Transmission

**Please tick the appropriate box for authority to access your banks accounts for:**

1. Contribution collections

2. Claim refunds

3. Member portion collections up to a maximum value of **R500**

**DISCLAIMER**  
It is the member's responsibility to advise the administrator in writing of any change in banking details. Neither the scheme nor its administrator shall be held liable should an incorrect account be credited under any circumstances.

\_\_\_\_\_  
Authorised signature/s

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member signature  
(if different from authorised signature)

\_\_\_\_\_  
Date