



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

