

## Bank details for claim refunds - International student

2020

### Important notes:

- Complete this form to change your banking details.
- Please provide a copy of the principal member and account holder's ID or passport.
- Please submit the completed and signed form via fax to **031 580 0613** or email at **membership@momentumhealth.co.za**.

### 1: Principal member's details

Membership number	<input type="text"/>				
ID/Passport number	<input type="text"/>				
Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Telephone - home/cell/work	<input type="text"/>	Student number	<input type="text"/>		
Email address	<input type="text"/>				

### 2: Banking details for claim refunds payable to member

You, as the principal member, need to sign this section if a third party's bank details are being used for claims reimbursement. If a third party's account details are used, please provide a copy of their ID or passport and the principal member's ID or passport.

**Tick this box if we may use the same bank account details provided for your Momentum Medical Scheme contribution payments.**

If not, please complete the bank details below.

(Please do not provide credit card details. Momentum Medical Scheme is not allowed to record your credit card details)

Name of account holder	<input type="text"/>											
Name of bank	<input type="text"/>											
Account number	<input type="text"/>											
Account type	<input type="text"/>	Current/Cheque	<input type="text"/>	Savings	<input type="text"/>	Transmission	<input type="text"/>					
Branch code	<input type="text"/>	Branch name	<input type="text"/>									
<b>Signature of principal member</b>	<input type="text"/>				<b>Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>