



Eligible Member Details																			
Title:		Name:									Surname:								
ID Number:											Gender:	M	F	Ethnic Group:	White <input type="checkbox"/>	Black <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	Other <input type="checkbox"/>
Contact Number:									Alternative Contact Number:										

Beneficiary Details																		
Title:		Name:									Surname:							
ID Number:											Gender:	M	F					
Relation:									Email:									
Contact Number:									Alternative Contact Number:									

Payment Type

Affinity Health will make a payment by means of EFT and the money will be transferred into the bank account of the nominated beneficiary in the event of a benefit payout.

Beneficiary's Bank Details																			
Name of Account Holder:									Name of Bank:										
Branch Name:									Account Number:										
Branch Code:									Account Type:										
Date:	D	D	M	M	2	0	Y	Y	Signature of Account Holder:										

Signature of Eligible Member:		Date:
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Notes