



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											
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