



Regular Force Medical Continuation Fund

Member details update

Dear Member,

Please complete the following information sheet to ensure that all the details are correct on the RFMCF System. This will ensure prompt and efficient communication, service and payments.

Also note that you can register on the RFMCF webpage (www.rfmcf.co.za) and do your contact details updates on the Webpage.

VPA number: _____

VPA member and beneficiaries (only dependents still entitled to receive medical benefits) information

	Full names and Surname	ID Number	Relationship to main member (e.g. spouse, son, daughter)
Main member			
Spouse			
Child			
Child			
Child			
Child			
Child			

Physical Address:

Postal Code: _____



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Postal Address:

_____ **Postal Code:** _____

Contact Details (main member):

Work Telephone Number: _____ Home Telephone Number:

Cellphone Number: _____ Fax Number: _____

E-mail address: _____

BANKING DETAILS

PLEASE SUPPLY A LETTER FROM THE BANK OR BANKSTATEMENT TO CONFIRM THE BANKING DETAILS (THE INFORMATION CAN'T BE LOADED WITHOUT THIS PROOF)

CLAIMS

(This is the account number we will use if you have a claim that you paid for and need to be reimbursed for. **NB! Only the main member's bank account details are allowed for reimbursement.**)

Account holder name			
Bank			
Account type	Cheque	Savings	Transmission
Branch code			
Account number			

Signature : _____

Date: _____

The completed form may be faxed (012 679 4463) or e-mailed (membership@rfmcf.co.za).

Kind Regards

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