



MEMBER DETAILS UPDATE

Dear Member

It is crucial that the Fund has your most recent information listed on your membership profile to ensure prompt and efficient communication, service and refunds. Kindly complete the form and send it to membership@rfmcf.co.za for the Fund to update your membership details.

VPA number: _____

Please list your details, as well as your legally registered dependants, in the column provided below.

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

Physical Address:

Postal Code: _____

Postal Address:

Postal Code: _____

Contact Details (main member):

Work Telephone Number: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____



PPS Centurion Square
Cnr Heuwel Avenue and Gordon Hood Road
Centurion
PO Box 3799, Pretoria 0001

Next of Kin Information:

In the event that the Fund must contact your next of kin, kindly provide your next of kin details below:

Name: _____ Surname: _____

Cell Phone Number: _____ Landline: _____

Email address: _____

BANKING DETAILS

PLEASE SUPPLY A LETTER FROM THE BANK OR BANK STATEMENT 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: _____

Should you require any further information in this regard, please contact the Client Service Centre on 012 679 4200 or e-mail membership@rfmcf.co.za. The Client Service Centre is operational Monday to Friday between 07:30 and 16:00, excluding public holidays.

Kind regards,

Regular Force Medical Continuation Fund