

# The Building & Construction Industry Medical Aid Fund

Reference no. 1590. Registered in terms of the Medical Schemes Act no. 131 of 1998



## Personal Details Update Form

Kindly complete and fax, post or email: [bcimafund@universal.co.za](mailto:bcimafund@universal.co.za)

Membership no.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Race:	<input type="text" value="African"/>	<input type="text" value="Coloured"/>	<input type="text" value="Indian/Asian"/>	<input type="text" value="White"/>	Tax Reference no.:	<input type="text"/>					
Surname & Initials:	<input type="text"/>										
ID no.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address:	<input type="text"/>										
	<input type="text"/>								Code:	<input type="text"/>	
Physical address:	<input type="text"/>										
	<input type="text"/>								Code:	<input type="text"/>	
Tel no.:	Home:	<input type="text" value="( )"/>			Work:	<input type="text" value="( )"/>					
	Cell:	<input type="text" value="( )"/>			Fax:	<input type="text" value="( )"/>					
	E-mail:	<input type="text"/>									
Union:	<input type="text" value="Y"/>	<input type="text" value="N"/>	Union name:	<input type="text"/>							

### Banking Details:

Name of account holder:	<input type="text"/>										
Bank:	<input type="text"/>										
Branch name:	<input type="text"/>				Branch code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account no.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account type:	Cheque/Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission	<input type="checkbox"/>					

**PLEASE REMEMBER TO ATTACH PROOF OF BANK DETAILS WHEN SUBMITTING THIS FORM. (CANCELLED CHEQUE, BANK STATEMENT OR BANK LETTER)**

_____	Date:	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Authorized signature									

### DISCLAIMER

**It is the member's responsibility to advise the administrator in writing of any change in banking details. Neither the Scheme or its administrator shall be held liable should an incorrect amount be credited under any circumstances.**

