

Becoming an employer contact

This form must be completed when an employer contact needs to be loaded for Bankmed.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

- Fill in the form in black ink, print clearly using one letter per block. Alternatively, complete it electronically by typing in the fields below.
- Sign the application form
- Once complete, kindly e-mail it to **employercontactapp@bankmed.co.za**

When you sign this form, you confirm that the information provided is true and correct.

1. Employer details

Employer name	<input type="text"/>	Employer number	<input type="text"/>
Branch name	<input type="text"/>	Branch number	<input type="text"/>

Postal address (Post collected from post box, suite or private bag)

<input type="checkbox"/> PO Box	<input type="checkbox"/> Private bag	Box number	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet suite	Number	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>

Physical address

Unit/Suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>

2. Employer contact details

Is this a new employer contact? Yes No

Is this a replacement employer contact? Yes No

If yes to replacement of employer contact, complete the fields below so the employer contact that is being replaced can be removed.

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>	Date	<input type="text"/>

3. Kindly complete this section for a new employer contact

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/>
ID or passport number	<input type="text"/>		
Job title	<input type="text"/>		
Telephone (W)	<input type="text"/>	Cellphone	<input type="text"/>
E-mail	<input type="text"/>		
Signature of employer applicant	<input type="text"/>	Signature of Direct report or Manager	<input type="text"/>
Print name	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>