

Section 1: Membership details

Change in banking details form P.O. Box 1101, Florida Glen, 1708 Call 0860 002 108 Fax (011) 758 7171 Email membermaint@bonitas.co.za

Instructions

This form can be used for updates to your banking details.

Please attach the following documents to this form:

- A copy of your identity document or passport
- Proof of banking details i.e. a letter from your bank or latest statement

Full name:			
Identity number:			
Membership number:			
Section 2: Bank details	3		
Use this account for c	ontribution collections	Use this account for ref	unds only
Bank name:		Bank name:	
Branch code:		Branch code:	
Branch name:		Branch name:	
Name of account holder:		Name of account holder:	
Account number:		Account number:	
Account type:		Account type:	
Effective date:		Effective date:	
be done to and from credit card accounts. I also irrevocably authorise Bonitas to adjust any incorrect transactions and/or correct any electronic transfer or funds errors without prior notice. I, further, instruct Bonitas to deposit claims and savings refunds into my account using the details above. Account holder's signature: If the account holder's details differ from the main member, we require a letter from the account holder instructing and authorising Bonitas to collect contributions from their bank account. We will also require a copy of the account holder's identity document and a bank statement or a letter from the bank confirming the account holder's details.			
 Section 3: Acknowledgement and declaration I declare that the information contained in this application form is correct. I also declare that I have the permission of my dependants to disclose personal information about them to Bonitas and will provide written proof of this, if asked. I authorise any persons, bodies or institutions that may hold retirement funds for my benefit, to deduct and pay to Bonitas all amounts that may become due and owing to Bonitas. I agree that should Bonitas incur any legal costs or expenses to recover any contributions owed by me or any other amount due by me to Bonitas, for any reason; I shall be responsible for such costs and expenses on the attorney/client scale. I consent to my details being listed with a credit bureau should I default in the payment of my monthly contributions or in respect of any money owed to Bonitas. I understand that it is my responsibility to ensure that the monthly contributions are received by Bonitas. I also understand that if any contributions are unpaid, it may result in me and my dependants being terminated from Bonitas until all arrear contributions have been settled. I also understand that should my membership be suspended or terminated, I will not be entitled to any benefits arising from my membership whatsoever. I acknowledge that I have read and understood the content of this application form. I confirm that the content of this application form and the implications thereof have been read and explained to me if necessary. I have read and understood these statements and my signature below confirms that I give permission to Bonitas to update my banking details. 			
Signature of main mer	nber:	Date	e: