

Flexicare permission to change banking details form

1. Contact us

Tel (Members): **0860 444 779**, PO Box 784262, Sandton, 2146

2. What you must do

This form is to request a change in debit order and claims payment banking details.

- Fill in the form in black ink and print clearly, or complete the form digitally
- All relevant sections must be physically signed and cannot be signed digitally. The main applicant must sign and date any changes.
- To avoid administration delays, please make sure this form is completed in full.
- Once it is complete, please email it to **flexicareadmin@discovery.co.za**
- You need to submit the following with this form:
 - Copy of ID/ Passport of the main member and the account holder (if the main member is not the account holder)
 - One month bank statement/letter of confirmation from the bank (not older than 3 months).

3. Main member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

4. Bank detail updates for Flexicare - Account holder details

Please note that we cannot accept credit card details

Please indicate which banking details you are updating by ticking the relevant option below:

Debit order banking details for membership contribution

Claim banking details for claims refunds

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account number	<input type="text"/>	Account type	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Account holder	<input type="text"/>		

Your banking details will only be changed if:

- All the relevant fields on this request form have been filled in.
- The request has been signed by the main member.
- Documentation required in the "What you must do" section accompanies this form.

I,

(full name(s) and surname, according to your identity document), as the policy holder, give Discovery and its subsidiaries acting in their relevant capacities permission to change my banking details.

5. Privacy Statement

When you engage with Discovery, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants, beneficiaries and lives assured, where applicable.

You can view and read our Privacy Statement on our [website](#) or follow this path: www.discovery.co.za and scroll to the bottom of the screen. Under 'ABOUT US' click on the **Privacy** link.

By signing this application form and its annexures, you agree to, and understand, the terms and conditions of the contract and our Privacy Statement.

Signed at (town or city)

Authorised Signatory

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Please only sign if you have read and understand this statement