Bankmed
your good health

Discovery

Application to join Vitality

Contact us

Tel: 0860 110 833 or 011 529 6080, fax 011 539 7347, email vitalityinfo@discovery.co.za, PO Box 786722, Sandton, 2146, www.discovery.co.za

To enhance the wellbeing of our members, Bankmed brings you Vitality. Please note that any communication with regards to Vitality and its rewards will be provided by Discovery Vitality.

Bankmed Scheme membership number *Compulsory

Date of commencement Y Y Y Y M M D D

1. About yourself

Title Initials Surname

First name(s) (as per identity document)

Sex M F Date of birth Y Y Y Y M M D D ID or passport number

Preferred language English ☐ Afrikaans ☐

2. Contact details

Telephone (H) (W)

Fax Cellphone

Email

Residential address

Code

Postal address
(if different from residential address)

Code

3. Banking details

Please complete your banking details to confirm you authorise Discovery Vitality to deduct a monthly debit order.

Bank name

Branch name Branch code – –

Account number Type of account Cheque ☐ Savings ☐

Accountholder

Accountholder's signature Main applicant's signature

Please note: If you are using someone else's bank account, the accountholder must sign above to confirm this.
Please choose the date you would like us to debit your account:

1st ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐

If your application is captured after the date you chose above, your first debit order will go off on the first of the month and then on the chosen date after that.

Vitality HealthStyle (Pty) Ltd is an authorised financial services provider.

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4. Dependants details *compulsory (if applicable)

Initial	Name	Surname	Title	Identity number	Gender	Dependant number as it appears on your Bankmed membership card
					M ☐ F ☐	
					M ☐ F ☐	
					M ☐ F ☐	
					M ☐ F ☐	
					M ☐ F ☐	
					M ☐ F ☐	
					M ☐ F ☐	

5. Legal declaration

Vitality HealthStyle (Pty) Limited registration number 1999/07736/07 "Discovery Vitality" administers the VitalityHealthStyle Programme ("the Vitality progamme".) The Vitality programme is governed by the rules of the Vitality programme and by your signature below you consent to abiding by such rules.

Discovery Vitality is a separate legal entity from the Bankmed Medical Scheme ("the Scheme") and its administrator. Similarly the Vitality programme is a separate product and offering to the medical cover provided by the Scheme.

From time to time Discovery Vitality will require access to certain of your records or your dependant's records held by the Scheme. By signing below you consent to the Scheme giving Discovery Vitality such information. Discovery Vitality will only use this information for administration of the Vitality programme. You also consent to Discovery Vitality requesting, obtaining and sharing details about your credit standing and the credit standing of your dependants in line with the requirements of the National Credit Act.

When you sign this application, you confirm that you have read and understood the rules for membership and you agree that you and those you apply for will be bound by them.

Signed at (town or city) _____ on Y Y Y Y M M D D

Signature of main applicant _____

Please fax this form to 011 539 7347.

If you would like to join Vitality telephonically, please call us on 0860 110 833. Please update Vitality if your banking or postal details change.

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