

Flexicare permission to change banking details form for claims purposes

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

Title	<input type="text"/>	Initials	<input type="text"/>
First name (as per identity document)	<input type="text"/>		
Surname	<input type="text"/>		
ID/ Passport number	<input type="text"/>	Membership number	<input type="text"/>

4. New account details for claim payments

Please note that we cannot accept credit card details.

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

Your banking details will only be changed if:

1. All the relevant fields on this request form have been filled in
2. The request has been signed by the main member
3. Documentation required in step 5 of "How to complete this form" 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.

Signed at (town or city)	<input type="text"/>		
Authorised Signatory	<input type="text"/>	Date	<input type="text"/>



Please only sign if information is true ,complete and correct