



Administered by

Discovery Health

Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

Debit order authorisation form

About us

Retail Medical Scheme (referred to as "the Scheme"), registration number 1176, 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). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

1. Member details

Membership number

First name/s Title
(as per identity document)

Surname

ID number

2. Payment details

Please note that we cannot use credit card details. You must give us details for a South African bank account.

Submit the following with this form: A copy of account holder's ID and a bank statement or letter of confirmation from the bank on a letterhead, not older than three months.

Account holder

Bank

Type of account Cheque Transmission Savings

Branch number - - -

Account number

Branch name

I agree to inform Retail Medical Scheme of any changes.

I hereby authorise Retail Medical Scheme to arrange for my membership contributions to Retail Medical Scheme to be deducted from my bank account. I also authorise the Retail Medical Scheme to amend the debit order if and when my contribution changes.

Account holder's physical address (own/3rd Party/Company or Trust address)

Code

Account holder's email address

Account holder's contact number

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update your Retail Medical Scheme contact details we have on system. If you wish to update your Retail contact details please visit www.retailmedicalscheme.co.za

Signed by account holder

Date

D	D	M	M	Y	Y	Y	Y
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Please do not sign an incomplete application form

3. Debit order mandate

This signed authority and mandate refers to the application on the signed date ("the Agreement")

I, the undersigned:

- warrant that the bank account information I have provided above is for a bank account in my/our name and that the information furnished by me/us in this Mandate is true and correct;
- authorise Retail Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by Retail Medical Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application, on condition that the sum of such payment instructions will never exceed my obligations as framed membership of the Scheme. The Mandate shall commence on the date that the banking details are effective and shall continue until this mandate is terminated by me by giving Retail Medical Scheme no less than 20 ordinary working days written notice thereof, or immediately when I instruct my bank to withdraw this mandate;
- confirm that the payment instructions mentioned above must be issued on the first working day of the month ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- authorise Retail Medical Scheme to track my bank account and re-present the payment instruction referred to above when there are insufficient funds in my bank account to meet my obligations under or in terms of this Mandate;
- acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this Mandate to Retail Medical Scheme as if each payment instruction came from me personally as the account holder;
- undertake to advise Retail Medical Scheme in writing of any changes to my account details. I acknowledge that Retail Medical Scheme will not be held responsible or liable for any claim, loss or harm that I, or any third party, may suffer as a result of me providing incorrect banking details herein, or if the bank account is in the name of another person or entity or as a result of my failure to notify Retail Medical Scheme of a change in banking details, or if the bank account has insufficient funds to meet my obligations under or in terms of the Mandate;
- know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and will show the reference number indicated below, so as to enable me to identify the withdrawal;
- acknowledge that although I may terminate this mandate, such termination does not necessarily terminate my membership of the Scheme. In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by Retail Medical Scheme whilst this mandate was in force, if such contributions or amounts were legally owing to Retail Medical Scheme in terms of my membership;
- acknowledge that by signing this mandate I am bound by the payment terms applicable to my membership of the Scheme.

Reference number

The withdrawal reference number is RETAILCONT / RETAILCLAW

Deduction date : as per signed contract

Deduction amount : as per signed contract

Payment start date : as per signed contract

We process your personal information as we set out in the Retail Medical Scheme Privacy Statement, available at <https://www.retailmedicalscheme.co.za>. By accepting these terms and conditions or by providing personal information to us, you agree and give permission for us to use your personal information as we set out in the Scheme's Privacy Statement.

If you do not agree or give us permission to use your personal information, we may not be able to provide services to you.

If you believe we have acted in a way that contradicts the Scheme's Privacy Statement, please notify the Scheme at **0860 101 252**

Signature of bank account holder

Date

D	D	M	M	Y	Y	Y	Y
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