

# Member Information Update

Promedical Primary  
Co-Operative Limited



## Promedical Primary Cooperative Bank License

### Section 1 – Personal Details

Surname	_____			
Full names	_____	Initial	_____	
ID number	_____		Title	_____
Date of birth	DD / MM / YYYY _____			
Physical address	_____		Postal code	_____
Business address	_____		Postal code	_____
Contact details	Home	Work	Cell	_____
Email address	_____			
Profession	_____			
Qualifications	_____			
Registration Number	_____			
PR-Number	_____			
MP-Number	_____			

### Section 2 – Details of spouse

Surname	_____			
Full names	_____	Initial	_____	
ID number	_____			
Date of birth	DD / MM / YYYY _____			
Physical address	_____		Postal code	_____
Postal address	_____		Postal code	_____
Contact details	Home	Work	Cell	_____
Email address	_____			

**Section 2 – Details of beneficiary**

Surname \_\_\_\_\_

Full names \_\_\_\_\_ Initial \_\_\_\_\_

ID number \_\_\_\_\_

Date of birth DD / MM / YYYY \_\_\_\_\_

Physical address \_\_\_\_\_

Postal code \_\_\_\_\_

Postal address \_\_\_\_\_

Postal code \_\_\_\_\_

Relationship of main member (spouse, child, nominated member etc.) \_\_\_\_\_

**Section 2 – Details of beneficiary**

Surname \_\_\_\_\_

Full names \_\_\_\_\_ Initial \_\_\_\_\_

ID number \_\_\_\_\_

Date of birth DD / MM / YYYY \_\_\_\_\_

Physical address \_\_\_\_\_

Postal code \_\_\_\_\_

Postal address \_\_\_\_\_

Postal code \_\_\_\_\_

Relationship of main member (spouse, child, nominated member etc.) \_\_\_\_\_

**Payment details**

For security reasons we recommend that payment be made directly into our bank account. Please choose your preferred method of payment hereunder. If you select the debit order option, a separate debit order form will have to be completed.

**Banking details:**

Name of bank: FNB

Account name: PROMEDICAL PRIMARY COOPERATIVE PTY LTD

Account number: 62785054819

Branch name : Northmead Square

Branch code: 250112

Swift code: FIRZAJJ

**Preferred option:**    Cash Deposit    EFT    Debit Order    Credit Card

**Section 3 - Declaration**

We hereby certify that the above information is true and correct in every detail.

Remarks \_\_\_\_\_

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_

Authorised signatory



