

Instructions:

1. Where appropriate, mark your selection with an X.
2. Please complete the form in full and check that all the information is complete prior to submitting to CMP Medical Aid.
3. Attach proof of banking details (Recent bank statement or letter from your bank).
4. Email your completed and signed form to membership@cmp.co.za.

Membership No.**Effective Date**

Debit Order Agreement

Bank Name

Account Type

 Current Savings

Branch Code

Account No. (No credit cards)

Account Holder

I, the undersigned hereby authorise and instruct you to debit my account at the above mentioned bank, or any other bank which my account may be transferred to, monthly and/or as adjusted from time to time, being my monthly medical scheme subscriptions, payable on the first business day of each month.

Signature of **Account Holder**

Banking Details (For refund purposes e.g. claims.)

Bank Name

Account Type

 Current Savings

Branch Code

Account No. (No credit cards)

Account Holder

I, the undersigned hereby request and authorise that you deposit any medical scheme related amounts which may accrue to me into the bank account as detailed above (or any bank to which I may transfer my account). I agree that CMP Medical Aid shall not be liable for any delay in the funds being received by me and I waive any claim that I may have against CMP Medical Aid as a consequence of such delay. The completeness and accuracy of the details as stated on this form shall be my sole responsibility. I agree to advise CMP Medical Aid in writing of any changes which may occur.

Signature of **Principal Member****I, agree that:**

1. No liability, of whatever nature and from whatever cause, shall be attached to the medical scheme if there for any reason, be a delay in the funds being received by the Beneficiary.
2. The completeness and accuracy of the details as stated on this form shall be the sole responsibility of the Account Holder and Principal Member.

Full name and surname (In block letters) of Principal Member

Signature of Principal Member

Date