genesis
MEDICAL SCHEME

4th Floor, The Terraces, Black River Park
Fir Street, Observatory, 7925
P O Box 144, Observatory, 7935
Tel: (021) 442 9900
Fax: (021) 447 4707
e-mail: genesis@genesismedical.co.za
website: www.genesismedical.co.za

Dear Member

ELECTRONIC FUNDS TRANSFER (EFT) FOR REFUNDS

To enable us to activate EFT payment/s to you, kindly complete the details below, and **email or fax to: genesis@genesismedical.co.za or (021) 447 4707.**

First Name:

Surname:

Member Number:

E-mail Address:

Cell Number:

Name of Account Holder:
ie surname, first name & other initials
or company name

Name of Bank:

Branch:

Branch Code:

Account Number:

Type of Account: (please tick) **Current/ Cheque** ☐ **Savings** ☐ **Other** ☐

I, confirm that the above details of my beneficiary bank account are true and correct.

I, the undersigned, will not hold GENESIS MEDICAL SCHEME responsible for any loss, damage or liability which may arise out of the furnishing of incorrect information by me and I undertake to indemnify GENESIS MEDICAL SCHEME in respect of any claim, loss or damages that may be instituted against GENESIS MEDICAL SCHEME arising from the furnishing of incorrect information.

I personally undertake to advise GENESIS MEDICAL SCHEME of any changes, which may occur in the Bank information shown above.

SIGNATURE: _____ **DATE:** _____