

PERSONAL AND BANKING DETAILS FORM

Please complete the following detail in full and email to: membership@universal.co.za.

Surname	<input type="text"/>		
First name/s	<input type="text"/>		
Membership number	<input type="text"/>		
Income tax number	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		Postal code <input type="text"/>
Physical address	<input type="text"/>		
	<input type="text"/>		Postal code <input type="text"/>
Email address	<input type="text"/>		
Telephone details	(B) Code (<input type="text"/>) <input type="text"/>	(H) Code (<input type="text"/>) <input type="text"/>	
	Cell <input type="text"/>	Alternative cell <input type="text"/>	

BANKING DETAILS

NOTE: Credit cards, international bank account details and transmission accounts are not accepted.

Name of account holder	<input type="text"/>	Branch code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Name of bank	<input type="text"/>	Account number	<input type="text"/>
Type of account (please tick)	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	

DISCLAIMER:

It is the member's responsibility to advise the Scheme, in writing, of any change in banking details. Neither the Scheme nor its administrator will be held liable should an incorrect account be credited under any circumstances.

Please tick the appropriate box for authority to access your bank account for:

Contribution collections Claim refunds Member portion collection up to a maximum value of R500

In the case of contribution collections, my preferred monthly debit order date: 1st 15th 26th

Kindly submit copy of bank statement or letter from bank (not older than 3 months).

<hr/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised signature/s	Date								
<hr/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member signature (If different from authorised signature)	Date								

