

EMPLOYER GROUP / CLIENT DETAIL UPDATE FORM



RMA
Renaissance Health
Medical Aid Fund

Tel: +264 83 2999 000

E-mail queries: rhmafmember@prosperitynam.com

Kindly do not use tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.

CB Number	
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Section A - Company Details

Registered Name	
Trading Name	
Type of Industry	
Physical Address	
Postal Address	

Section B - Company Contact Person

Contacts *(Please supply the details of the two most appropriate people in your organisation who are directly involved with the company accounts.)*

HR Manager / Financial Manager				Administrative contact			
Title		Initials		Title		Initials	
First Name				First Name			
Surname				Surname			
Position				Position			
Telephone Number				Telephone Number			
Cellphone Number				Cellphone Number			
Fax Number				Fax Number			
E-mail Address				E-mail Address			

prosperity-2023

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Section C - Group Debit Order Authority

Banking Details *(Please attach confirmation from the bank to ensure accuracy.)*

Debit Order Date	1st of each month		26th of each month								
Bank Name											
Account Holder's Name											
Account Type	Current		Savings								
Account Number											
Branch Name			Bank Branch Code								
Representative Signature			Date	D	D	M	M	Y	Y	Y	Y

Section D - Employer's Agreement

I, the undersigned (full names)

herewith confirms that I am duly authorised by the Employer Group to complete the form on behalf of the Employer Group and that all the information contained herein is, to the best of my knowledge true, correct and complete at the date of signature hereto.

We acknowledge the fact that contributions must be in advance and therefore we agree to ensure that contributions will be paid to the Fund not later than the 7th day of the month to which the contributions pertain.

We agree to submit all amendments before the 7th day of each calendar month as invoices are sent to the Employer 5 (five) working days after the printing of the invoices. Invoices are printed on the 10th day of each month or the consecutive working day.

Option changes are not allowed during the course of a financial period. Should a member resign from the Fund, new application for membership will take place the next financial year/period.

We agree to give one calendar month notice when any member of our group wants to terminate his/her membership of the Fund and agree to take the responsibility upon ourselves if the Fund is not notified on time.

Signed		Date	D	D	M	M	Y	Y	Y	Y	
On behalf of											
Signed (Witness)		Date	D	D	M	M	Y	Y	Y	Y	
Company Stamp											