

2025 BANKING INFORMATION FORM

Please complete section A, B and ensure that the declaration under section C is signed in order for your details to be processed.

| SECTION A Personal information | | | | | | | | | | | | | | | |
|--------------------------------|--|--|--|---------|--|--|--------------------|---|---|---|---|---|---|---|---|
| Title | | | | Surname | | | | | | | | | | | |
| First names | | | | | | | | | | | | | | | |
| Employer group | | | | | | | Member No. | | | | | | | | |
| Identity/Passport No. | | | | | | | | | | | | | | | |
| Medical Aid Name | | | | | | | Date of birth | Y | Y | Y | Y | M | M | D | D |
| Medical Aid No. | | | | | | | Medical Aid Option | | | | | | | | |
| Medical Aid No. | | | | | | | Mobile No. | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | |

| SECTION B Banking details | | | | | | | | | | | | |
|-------------------------------------|-----------------|--|-----------------|--|------------------|------------------|--------------------------|------------|--------------------------|--|------------------|--|
| This bank account is to be used to: | | | | | | Collect premiums | <input type="checkbox"/> | Pay claims | <input type="checkbox"/> | | | |
| Account holder name | | | | | | | Bank Name | | | | | |
| Account holder ID no. | | | | | | | Branch No. | | | | | |
| Account No. | | | | | | | Cheque | | Savings | | Transmission | |
| Debit Order Date | 1 st | | 7 th | | 10 th | | 15 th | | 20 th | | 25 th | |

If the accountholder and main member / policyholder is not the same person, please provide us with a written and signed letter from the account holder to authorise Guardrisk Insurance Company Limited to deduct premiums from the nominated bank account.

| SECTION C Member declaration | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|

By submitting this banking details form you:

1. Authorise Guardrisk to debit your account with the monthly premium due in respect of this policy.
2. Acknowledge that this authorisation will remain in force and effect until cancelled by you, in writing with one calendar months' notice.
3. Understand that cancelling the Mandate does not cancel the Agreement. Agreement that the account holder is not entitled to refund for when the Mandate was still active, if such amounts were owed to them.
4. Acknowledge that this Authority may be assigned to a third party if this agreement is also assigned to a third party.
5. Understand and accept that should your premium be adjusted annually on renewal and in the case of benefit restructuring necessitated by changing legislation, with one month's notice and subject to your right of cancellation of cover, the aforementioned authorisation will extend to the adjusted premium.
6. Undertake to inform Guardrisk of any change in your banking details and you authorise Guardrisk to verify such banking details with your bank.
7. Confirm that Guardrisk shall not be held liable for incorrect claim payments made as a result of your failure to inform Guardrisk of your change in banking details.
8. Accept that Guardrisk may debit your account on a date other than that specified.
9. Notwithstanding the fact that you grant Guardrisk permission to collect premiums, you acknowledge that it is your responsibility to ensure that premiums are collected for cover to remain in force.
10. Acknowledge that the first payment date will be the first day of the month in which your cover starts.
11. Acknowledge that in the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.
12. Acknowledge that payment instructions issued from this Mandate will be treated as payment instructions issued personally by the accountholder.
13. Understand that the agreement reference number will be your membership number which will only be issued once your application form has been captured.
14. Understand that the debit order transaction on your bank statement will reflect as 'MEDGAP'.

Signature of Account Holder

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

Date of Signature