



SUPPLIER BANKING DETAIL FORM: PLEASE COMPLETE IN FULL AND POST, FAX OR EMAIL BACK

POST: PO Box 1411, Rivonia, 2128 | FAX: 086 407 6810 | EMAIL: supplierdetails@universal.co.za

Medical schemes administered:

CompCare Medical Scheme, Makoti Medical Scheme, Massmart Health Plan,
The Building and Construction Industry Medical Aid Fund, Tiger Brands Medical Scheme, Transmed Medical Fund,
Umvuzo Health Medical Scheme, Witbank Coalfields Medical Aid Scheme, Old Mutual Staff Medical Aid Fund

Supplier name: [ ]
Supplier number: [ ] (BHF Number)
Postal address: [ ] Post code: [ ]
Physical address: [ ] Post code: [ ]
Telephone no.: [ ] Cell no.: [ ]
Fax no.: [ ] VAT no.: [ ]
E-mail: [ ] Preferred method of communication: E-mail [ ] Post [ ]
Name of account holder: [ ]
Bank: [ ]
Branch code: [ ]
Account number: [ ]
Account type: Current [ ] Savings [ ] Transmission [ ]

PLEASE REMEMBER TO ATTACH PROOF OF BANK DETAILS WHEN SUBMITTING THIS FORM. (CANCELLED CHEQUE, BANK LETTER OR COPY OF BANK STATEMENT)

DISCLAIMER:

It is the supplier's responsibility to advise the administrators 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 NOTE:

Details need to be updated with the Board of Healthcare Funders (BHF) as well in order for our systems to be updated correctly. Please ensure that this is done when sending the scheme your updated details.

Please sign as confirmation and authorisation of details above.

1. \_\_\_\_\_
AUTHORISERS SIGNATURE/S

Authorisers's ID no.: [ ]
DATE

1. \_\_\_\_\_
SUPPLIER'S SIGNATURE (If different from the authorised signature)

Suppliers's ID no.: [ ]
DATE

1. \_\_\_\_\_
AUTHORISERS SIGNATURE/S

Authorisers's ID no.: [ ]
DATE

1. \_\_\_\_\_
SUPPLIER'S SIGNATURE (If different from the authorised signature)

Suppliers's ID no.: [ ]
DATE