Universal Healthcare Administrators (Pty) Ltd
Universal House, 15 Tambach Road, Sunninghill Park, Sandton 2191
PO Box 1411, Rivonia 2128
Tel: +27 11 208 1000 Fax: 086 216 6154
Email: correspondence@universal.co.za

www.universal.co.za

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,
FoodMed, 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

If no preference is selected, and an e-mail address is provided, the default method of communication will be e-mail

Name of account holder:

Bank:

Branch code:

Account number:

Account type: Current Savings Transmission

We hereby confirm that the supplier is a cash practice, please pay the member

Please remember to attach proof of banking details not older than 3 months when submitting this form. (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.:

D D M M Y Y Y Y
DATE

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

Suppliers's ID no.:

D D M M Y Y Y Y
DATE

1. _____
AUTHORISERS SIGNATURE/S

Authorisers's ID no.:

D D M M Y Y Y Y
DATE

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

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