



PLATINUM HEALTH

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REQUEST TO CHANGE MEMBERSHIP DETAILS

1. Please complete the application form in PRINT with black ink and forward to Platinum Health.
2. A dependent 18 years or older is permitted to change their own details.

3. Please supply your Platinum Health membership number:

1 DEPENDANT DETAILS (Please complete in full)

Title: Prof Dr Mr Ms Initials: Surname:

Names in full (as per identity document)

Date of birth: C C Y Y M M D D

Email:

Postal address: Postal code:

Residential address: Postal code:

Tel no (home): Tel no (work): Cell no:

Identity or passport number:

Employee number: Tax number:

Workplace: Employer:

2 MEMBERSHIP CHANGE (Please complete in full)

Change of surname Change of postal address Change of residential address

NOTE: PLEASE PROVIDE FULL DETAILS OF THE MEMBERSHIP CHANGE AND ATTACH RELEVANT DOCUMENTATION (e.g. marriage certificate/proof of income/death certificate/banking details certified by bank)

Membership change with effect from: C C Y Y M M D D (Note that 30 days' notice period will be added from the date Platinum Health receives the document in order to terminate dependents)

DEPENDANT SIGNATURE: DATE:

All changes must be accompanied by a copy of an Identity Document.