



Contact details

Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • www.avgms.co.za

Member Withdrawal Application Form

Who we are

The Angloval Group Medical Scheme (referred to as 'the Scheme'), registration number 1571. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. This form can be completed to withdraw the membership of both the dependant and the principal member.
- 3. To avoid administration delays, please ensure this application is completed in full.
- 4. To be completed and returned to your Human Resources department.

1. Employer Co	ntact Details (to be completed	l by	en	plo	yeı	')						
Person who will rec	eive correspondence on the applica	tion	pro	cess	3							
Contact name												
Designation												
Telephone											Fax	
Email address												
Preferred means of	communicating (please tick one)	Е	mai	I		Pos	st		Fa	x		
2. Principal Mei	mber Details											
Member name					Mer	nbe	rshi	o nu	mbe	er		
Employee number												
3. Withdrawals												
Effective date	D D M M Y Y Y		Fan	nily							Dependants	
Please note - No b	packdated withdrawals allowed. All v	vith	draw	als	nee	d to	be s	subr	nitte	d th	nree weeks in advance.	
lni	tials and surname		Dat	e of	bir	th/	ID r	um	ber		Participation status	Reason
		D	D	M	M	Υ	Υ	Υ	Υ			
		D	D	M	M	Υ	Υ	Υ	Υ			
		D	D	M	M	Υ	Υ	Υ	Υ			
		D	D	M	M	Υ	Υ	Υ	Υ			
		D	D	M	M	Υ	Υ	Υ	Υ			
		lD	lD	lM	M	İΥ	ĺΥ	ĺΥ	ĺΥ	_		

4. Banking Details (for MSA payback, if appl	icable)
Submit the following with this form: copy of ID - Bank	Statement/letter of confirmation from the bank.
Please note that credit card accounts are not acc	cepted. You can only use a South African bank account.
Name of bank	Branch Name
Account number	Branch code
Name of Account Holder	
Account holder ID no.	
Account type Current Transmission	Savings
I agree to inform the Scheme in writing of any change	es that may occur.
Signature of account holder	
Signature of main member	
Please note: If you are using someone else's bank ac	ccount, the account holder must sign above to confirm this.
5. Postal Address For Future Corresponder	nce
Postal Address	
	Code