CONTINUED MEMBERSHIP/
VOORTGESETTE LIDMAATSKAP

transmed MEDICAL FUND

Member no./Lidnommer:

Please provide the following information if you qualify:
Verstrek asseblief die volgende inligting indien u kwalifiseer:

1. First name(s)/Voorname
2. Surname/Van
3. Telephone number/ Telefoonnommer CODE Fax number Faksnommer CODE
4. Cellular number/ Selfoonnommer
5. E-mail address/ E-posadres
6. Postal address/Posadres:

Postal code/ Poskode

Do you still want to be a Transmed member?
Wil u steeds aanbly as 'n Transmed lid? YES JA NO NEE

Is a monthly pension received from the Pension Office?
Ontvang u 'n maandelikse pensioen van die Pensioenkantoor? YES JA NO NEE

If you do not receive a monthly pension, please complete the following:
Indien u nie 'n maandelikse pensioen ontvang nie, voltooi asseblief die onderstaande:

To be completed by bank or building society/Moet deur bank of bouvereniging ingevul word
Bank or Building society/Bank- of Bouvereniging:
Branch/Tak:
Controlling branch code/Beheertakkode:
Account no./Rekening no. :
Type of account/Tipe rekening:

Bank or Building society date stamp
Datumstempel van bank- of bouvereniging

DDMMYY

Signature of bank or building society Official
Handtekeing van bank- of bouvereningingamptenaar

for all our people