

# Regular Force Medical Continuation Fund (RFMCF)

269 Von Willigh Avenue  
Corporate Office Park 66, Block D  
Die Hoewes, Centurion, 0157

P O Box 3977  
Pretoria  
0001

Enquiries  
General Fax Number

012 679 4200  
012 679 4460

## **UPDATE OF PERSONAL DETAILS**

Dear Member ,

We are in a process to update our member records.

Please be so kind as to complete the following information sheet to ensure that all the details are correct on the RFMCF System. This will ensure prompt and efficient service and payments.

**Name & Surname:** \_\_\_\_\_

**VPA number:** \_\_\_\_\_

### **Physical Address:**

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3: \_\_\_\_\_

Town: \_\_\_\_\_

Code: \_\_\_\_\_

### **Postal Address:**

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3: \_\_\_\_\_

Town: \_\_\_\_\_

Code: \_\_\_\_\_

### **Contact Details:**

Telephone - Work: \_\_\_\_\_ Telephone - home: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E - mail: \_\_\_\_\_

Administered by Reg No 2005/003/465/07  
professional medical scheme administrators

**PMSA**



Banking Details							
<b>SUBS (DEBIT ORDER INSTRUCTION)</b> (This account is used for debit orders. Thus if you have a debit order or want to pay increases via debit order, your monthly premium will be deducted from this account.)				<b>CLAIMS</b> (If you have a claim that you paid and we need to reimburse the payment. Therefore your reimbursement will be paid into this account.)			
Account holder name				Account holder name			
Bank				Bank			
Account type	Cheque	Savings	Transmission	Account type	Cheque	Savings	Transmission
Branch Code				Branch Code			
Account Nr				Account Nr			

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

The updated and completed Information form may be faxed, posted or e-mailed.

Kind regards

**Regular Force Medical Continuation Fund**