

Transfer from active to retiree status 2026



Contact us

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Who we are

MEDiPOS Medical Scheme (referred to as 'the Scheme'), registration 1548, 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). Discovery Health takes care of the administration of your membership for the Scheme.

How to complete this form

1. Use one letter per block, complete in black ink and print clearly. Alternatively, complete the form electronically by typing in the fields below.
2. This form is to be completed by the main member.
3. Ensure that this form is completed in full.
4. Once the application form has been fully completed, and you have sourced all of the supporting documents, kindly email all documents to membership@medipos.co.za. Please ensure that your images are scanned clearly before emailing them to us.

Upon signing this application, you confirm that the information provided is true and correct.

1. Main member's details

Membership number	<input type="text"/>	Transfer effective date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>										
First name(s) (as per identity document)	<input type="text"/>										
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>										

Postal address (Post collected from post box, suite or private bag)

<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> PostNet Suite	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>										
City	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical address	<input type="text"/>										
Unit/Suite number	<input type="text"/>	Complex/Building	<input type="text"/>								
Street number	<input type="text"/>	Street name	<input type="text"/>								
Suburb	<input type="text"/>										
City	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Transfer type

Main member retirement: Retiree status and pay contributions directly to MEDiPOS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Main member retrenchment: Retrenched but have chosen to maintain my MEDiPOS membership and pay contributions directly to MEDiPOS	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. What banking details do you want to change?

Debit order details (to collect contributions) Claims reimbursement details Both

4. Do you need to change banking details as the new main member?

Yes No

You need to submit specific supporting documentation with this form if you are not the account holder:

Supporting documentation required

Send the completed form back to us with the documents below. Only send the documents relevant to your update. These documents are only applicable or needed when you are using one of the bank account types listed below.

Important information about the debit order mandate and using third-party bank account details

- As part of Payment Association of South Africa (PASA) debit order mandate requirements, you are required to supply the account holder's residential address, email address and contact number
- If an account held in another person's name (third-party) is being used, for example, spouse, friend or daughter, company (authorised person) or trust (trustee), you will need to provide these details
- Note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update your contact details we have on system

When using another person's bank account (for example, spouse, aunt, uncle, friend, father, son)

- Proof of the account, e.g. bank statement or letter from the bank on a bank letterhead, not older than three months from date of submission
- A copy of the ID, passport or driver's licence of the bank account holder

When using a joint account:

- Proof of the account, e.g. bank statement or letter from the bank on a bank letterhead, not older than three months from date of submission
- A copy of the ID, passport or driver's licence of each of the joint account holders

When using a company account:

- Proof of the account, e.g. bank statement or letter from the bank on a bank letterhead, not older than three months from date of submission
- A copy of the ID, passport or driver's licence of each signatory or person who has authority to sign on behalf of the company
- A letter of authority including the details of all the persons of authority and the membership details
- A copy of the company's certificate of registration

When using a trust account:

- Proof of the account, e.g. bank statement or letter from the bank on a bank letterhead, not older than three months from date of submission
- A copy of the ID, passport or driver's licence of each of the trustees of the account
- A copy of the trust's certificate of registration
- A copy of the trust resolution, confirming the trustees

If the account is in your name as the main member, please supply:

- Proof of the account, e.g. bank statement or letter from the bank on a bank letterhead, not older than three months from date of submission
- A copy of your ID, passport or driver's licence

5. New debit order details for collection of contributions

When should we start using the new banking details?

Note that we cannot backdate banking detail changes and these details will come into effect from the date that they are loaded onto the system.

Confirm who the **account holder** is by choosing the correct option:

Main member (you) Someone else Company Trust

Bank account details

Bank name

Branch name Branch code - -

Account number Account type Current Transmission Savings

Name of account holder

Signature of account holder Date

Kindly select your preferred debit order date for contributions; 1st or 25th of the month 1st 25th

Account holder details (PASA requirement)

Read carefully –

- If the account holder is the main member, please complete Section 1 in the table below
- If the account holder is a third-party (authorised person) such as a spouse or family member, please complete Sections 1 and 2 in the table below
- If the account holder is a third party (authorised party) such as a company or trust, please complete Sections 1 and 3 in the table below.

Section 5.1: Main member, authorised parties, company or trust address and contact details (compulsory for all)

Account holder residential address

(If the account holder is a company, please provide the company's physical address)

Unit/Suite number	<input type="text"/>	Complex/Building	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>

Account holder email details

(If the account holder is a company, please provide the company email address)

Email address

Account holder contact number details

(If the account holder is a company, please provide the company contact number)

Contact number	<input type="text"/>		
Signature of account holder	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>

If there are multiple authorised parties/ trustees, please attach ID copies per authorised party / trustee.

Section 5.2: Authorised person details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>	Date of birth	<input type="text"/>

Section 5.3: Company or trust details

Company or trust name	<input type="text"/>		
Company or trust registration number	<input type="text"/>		
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>

6. New claims reimbursement bank account details

When should we start using the new banking details?

D	D	M	M	Y	Y	Y	Y
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Note that we cannot backdate banking detail changes and these details will come into effect from the date that they are loaded onto the system.

Are the new claims reimbursement bank account details the same as the new debit order details If **yes**, do not complete the section below. If **no**, complete the section below

Yes No

Confirm account holder

Account owner You Someone else Company Trust

Bank name

Branch name Branch code - -

Account number Account type Current Transmission Savings

Name of account holder

Signature of account holder Date

D	D	M	M	Y	Y	Y	Y
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Account holder details (PASA requirement)

Please read carefully –

- If the account holder is the main member, please complete Section 3 in the table below
- If the account holder is a third party (authorised person) such as a spouse or family member, please complete Sections 1 and 3 in the table below
- If the account holder is a third party (authorised party) such as a company or trust, please complete Sections 2 and 3 in the table below

Section 1: Authorised person details

Title Initials

Surname

First name(s) (as per identity book)

ID or passport number Date of birth

D	D	M	M	Y	Y	Y	Y
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Section 2: Company or trust details

Please also complete the details below for **company** or **trust** accounts.

Company or trust

Company or trust registration number

Signature of authorised party / trustee Date

D	D	M	M	Y	Y	Y	Y
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If there are multiple authorised parties/trustees, please attach copies of all ID documents for each party/trustee. Additional signature fields have been inserted below.

Signature of authorised party/trustee Date

D	D	M	M	Y	Y	Y	Y
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Signature of authorised party/trustee Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of authorised party/trustee Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of authorised party/trustee Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section 3: Main member, authorised parties, company or trust address and contact details (compulsory for all)

Account holder residential address

(If the account holder is a company, please provide the company's physical address)

Unit/Suite number	<input type="text"/>	Complex/Building	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>

Account holder email details

(If the account holder is a company, please provide the company's email address)

Email address	<input type="text"/>
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Account holder contact number details

(If the account holder is a company, please provide the company's contact number)

Contact number	<input type="text"/>	<input type="text"/>
Signature of account holder	<input type="text"/>	Date <input type="text"/>

7. Debit order mandate and privacy statement

7.1. Debit order mandate

This signed authority and mandate refers to this application to change bank account details, as submitted and approved by the main member on the signed date ("the Agreement").

I/We, the undersigned:

- 7.1.1. Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct
- 7.1.2. Authorise the Scheme to issue and deliver payment instructions to my/our bank, from the bank account recorded above (or any other bank or branch to which I may transfer my account) for:
 - 7.1.2.1. Collection of any amounts due under or in terms of this application to change banking details
 - 7.1.2.1.1. on condition that the sum of such payment instructions will never exceed my obligations as framed in the Agreement; and
 - 7.1.2.1.2. where the Agreement shall commence on the date that the banking details are effective; namely the date the banking details are captured, and
 - 7.1.2.1.3. shall continue until this authority and mandate is terminated by me by giving the Scheme no less than 20 ordinary working days written notice thereof; or
 - 7.1.2.1.4. immediately, in the event that I instruct my bank to withdraw this authority and mandate.
 - 7.1.3. Confirm that the payment instructions mentioned above must be issued on the first working day of the month
 - 7.1.4. If the change in banking details is not activated in time for the debit order collection, and there is an amount outstanding, the Scheme can collect that amount in the interim, upon activation of the banking details
 - 7.1.5. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month
 - 7.1.6. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day
 - 7.1.7. Authorise the Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement
 - 7.1.8. Acknowledge that my bank will treat each payment instruction to pay contributions or amounts due to the Scheme under this Agreement, as if each payment instruction came from me personally as the account holder
 - 7.1.9. Undertake to advise the Scheme in writing of any changes to my account details and acknowledge that the Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of:
 - 7.1.9.1. me providing incorrect banking details herein, or
 - 7.1.9.2. if the bank account is in the name of another person, or entity, or
 - 7.1.9.3. as a result of my failure to notify the Scheme of a change in banking details, or
 - 7.1.9.4. if the bank account has insufficient funds to meet my obligations under or in terms of the Agreement
 - 7.1.10. Know and understand that the debit orders and resulting deductions/withdrawals hereby authorised will be processed through a computerised system provided by South African banks
 - 7.1.11. The details of each debit order and resulting deduction/withdrawal from my bank account will be printed on my bank statement; and
 - 7.1.12. Must show the reference number of the membership inserted in the Agreement so as to enable me to identify this membership and the associated debit order and resulting deduction/withdrawal
 - 7.1.13. Acknowledge that although I may terminate this authority and mandate, such termination does not necessarily terminate this Agreement
 - 7.1.14. In the event of such termination I am not entitled to any refund of any contributions or amounts due that were withdrawn by the Scheme whilst this authority and mandate was in force, if such contributions or amounts were legally owing to the Scheme in terms of the Agreement

7.1.15. Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this Agreement

7.2. Privacy statement

We process your personal information in accordance with the provisions of our privacy statement. Please read our privacy statement on medipos.co.za.

By accepting this and/or by providing personal information to us, you agree and give consent to the provisions of our privacy statement. If you do not agree or give consent to us using your personal information, we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions, please contact us on **0860 100 078**.

7.3. Reference numbers

7.3.1. Agreement reference number

This Agreement reference number: system generated reference number

7.3.2. Abbreviated name

Abbreviated name as registered with the bank: MEDIPOPREM, MEDIPOSCLA

7.3.3. Deduction date

Deduction date: as per signed contract

7.3.4. Deduction amount

Deduction amount: as per signed contract

7.3.5. Payment start date

Payment start date: as per signed contract

7.4. Confirmation of acceptance of Agreement, inclusive of debit order mandate and privacy statement

7.4.1. Account holder

Sign if you have read and understood the Agreement, inclusive of debit order mandate and privacy statement

I, _____, in my capacity as the account holder, with

ID/passport number _____ hereby confirm my acceptance of the Agreement,

inclusive of the debit order mandate and privacy statement. Furthermore, I confirm and agree the following:

- 7.4.1.1. I give the Scheme, acting in their relevant capacities, permission to update the main member's banking details as set out above
- 7.4.1.2. that I have the right to give the Scheme the authority to debit such account on a monthly basis;
- 7.4.1.3. I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by the Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person
- 7.4.1.4. I hereby authorise the Scheme to verify the banking details as provided above for the purposes of setting up the debit order, where this may be required
- 7.4.1.5. that the account listed above complies with the Financial Intelligence Centre Act ("FICA")
- 7.4.1.6. that, if a contribution collection date is missed, the Scheme may deduct the full value of the outstanding contribution the following month, along with the current and due contribution value, which may reflect as a double-debit on my bank statement.

Signed at

Signature of account holder

Date

D	D	M	M	Y	Y	Y	Y
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7.4.2. Main member

Sign if you have read and understood the Agreement, inclusive of debit order mandate, and privacy statement.

I, _____, in my capacity as the main member

ID/passport number _____ hereby confirm my acceptance of the Agreement,

inclusive of the debit order mandate, terms and conditions, and privacy statement. Furthermore, I confirm and agree the following:

- 7.4.2.1. I give the Scheme, acting in their relevant capacities, permission to change my banking details as set out above
- 7.4.2.2. that I have the right to give the Scheme the authority to debit such account on a monthly basis
- 7.4.2.3. I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by the Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person
- 7.4.2.4. I hereby authorise the Scheme to verify the banking details as provided above for the purposes of setting up the debit order, where this may be required
- 7.4.2.5. that the account listed above complies with the Financial Intelligence Centre Act ("FICA")
- 7.4.2.6. that, if a contribution collection date is missed, the Scheme may deduct the full value of the outstanding contribution the following month, along with the current and due contribution value, which may reflect as a double-debit on my bank statement.

Signed at (town or city)

Signature of main member

Date

D	D	M	M	Y	Y	Y	Y
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