

Bank details for refunds - Students

2017

Important notes:

- Complete section 2 for claims and contributions refunds into your own bank account.
- Complete section 3 if you want to give permission for Momentum Health to refund your contributions to another person/third party. The third party must complete and sign section 4.
- Foreign refunds: As per the regulation of the South African Reserve Bank, a refund into a foreign bank account can only be made into the bank account of the person who made the initial payment.
- Return the completed form to the Scheme with a copy of the member and the account holder's passport/ID.

Requirements and documentation for refunds into a non-South African (international) bank account:

- A letter from member requesting the refund, which should also include the banking details and the bank swift code of the party/person or institution that made the initial payment to Momentum Health.
- Proof of payment made/transfer details.
- International bank's physical address details.
- Bank account holder's physical address details.
- If payment was made with a credit card (VISA or MASTER) through an account held outside South Africa, we do require the bank statement that indicate the credit card transaction details.

Section 1: Principal member details

Membership number	<input type="text"/>
Title	<input type="text"/> Initial/s <input type="text"/> First name <input type="text"/>
Surname	<input type="text"/>
Contact number	<input type="text"/> Student number <input type="text"/>
Email address	<input type="text"/>

Section 2: Principal member's banking details

(Please do not provide credit card details. Momentum Health is not allowed to record your credit card details.)

Name of account holder	<input type="text"/>
Name of bank	<input type="text"/>
Account number	<input type="text"/>
Account type	Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>
Branch code	<input type="text"/> Branch name <input type="text"/>

Signature of principal member

Date - - 2 0

Section 3: Refund contributions to another person/third party

I (name and surname),

Membership number

hereby give permission to transfer the funds into the bank details provided in Section 4 below.

Contact number

Email address

Signed at

Signature of principal member

Date - -

2

0

Section 4: Banking details of third party

(Please do not provide credit card details. Momentum Health is not allowed to record your credit card details.)

Name of account holder

Name of bank

Account number

Account type

Current

Savings

Transmission

Branch code

Branch name

Signature of account holder

Date - -

2

0