

Becoming an employer contact

This form should be completed when an employer contact needs to be loaded for BMW Medical Aid Society

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please email the completed and signed form to **bmwadmin@discovery.co.za**

When you sign this form, you confirm that the information provided is true and correct.

1. Employer details

Employer name

Employer number

Branch name Branch Number

Postal Address (this is the postal address of your employer)

Suite Postnet suite Number

PO Box Private Bag Box Number

Suburb Postal code

If your post is delivered to your street address, please complete these details under physical address.

Physical Address

Suite/Unit number Complex name

Street number Street name

Suburb Postal code

2. Employer contact details

Is this a new employer contact? Yes No

Is this a replacement employer contact? Yes No

If yes to replacement of employer contact, complete the below so the employer contact that is being replaced can be removed.

Title Initials Surname

First name(s) (as per identity document)

Preferred name Date

ID or passport number

Country of issue

3. Kindly complete this section for a new employer contact

| | | | | | |
|--|----------------------|-----------------------|----------------------|----------------------|---|
| Title | <input type="text"/> | Initials | <input type="text"/> | Surname | <input type="text"/> |
| First name(s) (as per identity document) | <input type="text"/> | | | | |
| Preferred name | <input type="text"/> | | | Sex | M <input type="checkbox"/> F <input type="checkbox"/> |
| Date of birth | <input type="text"/> | ID or passport number | <input type="text"/> | | |
| Country of issue | <input type="text"/> | | | | |
| Job title | <input type="text"/> | | | | |
| Telephone (W) | <input type="text"/> | Cellphone | <input type="text"/> | <input type="text"/> | |
| Email | <input type="text"/> | | | | |
| Signature of employer applicant | <input type="text"/> | | | | |
| Print name | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | |
| Signature of Direct report or Manager | <input type="text"/> | | | | |
| Print name | <input type="text"/> | Date | <input type="text"/> | <input type="text"/> | |