

CHANGE OF BANKING DETAILS DUE TO CHANGE OF OWNERSHIP

Dear Madam,

Pharmacy Name:

BHF Number:

Authorisation by previous pharmacy owner/BHF number holder to new pharmacy owner to use its BHF number pending allocation of new BHF number to new pharmacy owner.

To be completed by previous pharmacy owner/BHF number holder.

Please note that:

- I have sold the above pharmacy to _____ (insert name of individual if sole owner, or name of company or close corporation) effective from _____;
- The new pharmacy owner may use my BHF number until such time as a new BHF number has been allocated to the new pharmacy owner.

Accordingly, I hereby authorise MediKredit, in my capacity as owner of the above pharmacy registered under the above BHF number, to update the banking details of the above pharmacy to the following:

Bank Name:	<input type="text"/>
Branch Name:	<input type="text"/>
Branch Number:	<input type="text"/>
Account Number:	<input type="text"/>

In this regard I enclose herewith the following:

- A copy of my identity document;
- The new owner's identity document; and
- A bank letter reflecting the new banking details (**not older than 3 months and in PDF Format**).

I hereby absolutely, unconditionally and irrevocably indemnify MediKredit and hold it harmless against any and all losses, damages, claims, costs, charges and expenses of whatever nature arising out of any payment made by MediKredit to the new pharmacy owner using my BHF number as instructed above.

Yours faithfully,

Name of Previous Pharmacy Owner

(individual, company or close corporation):

Identity Number / Registration Number:

Signature of Previous Pharmacy Owner:

Date:

To be completed by new pharmacy owner:

I, _____ (Insert Name of Person), in my capacity as _____ (Insert Designation) of _____ (Insert Name of New Pharmacy) warrant by my signature hereto that the information in this letter is correct.

Signature of New Pharmacy Owner:

Date: