

REQUEST FOR CHANGE OF BANKING DETAILS

I, _____ (insert title, first name and surname of owner of pharmacy. If pharmacy is not owned by a natural person, please insert title, first name and surname of person authorised to represent the company, close corporation, trust or partnership) with identity number _____ (insert), duly authorised by _____ (insert name of owner of company, close corporation, trust or partnership, if pharmacy is not owned by a natural person), with registration number _____ hereby request that the banking details of the pharmacy be changed as follows:

Pharmacy Name: PCNS Number:

VAT Registration Number:

Owner of Pharmacy: (Select one of the following)

<input type="checkbox"/>	Sole Owner	<input type="text"/>
<input type="checkbox"/>	Company	<input type="text"/>
<input type="checkbox"/>	Close Corporation	<input type="text"/>
<input type="checkbox"/>	Partnership:	
	1st Partner	<input type="text"/>
	2nd Partner	<input type="text"/>
	3rd Partner	<input type="text"/>

Reason for Change:

Email Address:

Telephone Number:

Cellphone Number:

Postal Address:

Code:

NEW BANKING DETAILS

Name of Account Holder:	
Name of Bank:	
Branch:	
Branch Code:	
Account Number:	

Type of Account: Current Savings Transmission

Signed at _____ this _____ day of _____ 20 _____

For: Owner of Pharmacy (who warrants by his/her signature hereto that he/she is duly authorised so to sign).

Designation of signatory

IF partners:

Signed at _____ this _____ day of _____ 20 _____

For: Partner 1 of Pharmacy (who warrants by his/her Designation signature hereto that he/she is duly authorised so to sign).

Signed at _____ this _____ day of _____ 20 _____

For: Partner 2 of Pharmacy (who warrants by his/her Designation signature hereto that he/she is duly authorised so to sign).

Signed at _____ this _____ day of _____ 20 _____

For: Partner 3 of Pharmacy (who warrants by his/her Designation signature hereto that he/she is duly authorised so to sign).

DISCLAIMER: MediKredit Integrated Healthcare Solutions (Pty) Ltd accepts no liability for loss or damage of any nature whatsoever, as a result of or which may be attributable to the use of, or the reliance upon, the new banking details of the pharmacy as completed in this request form.