

MEMBER UPDATE FORM



This form to be sent to: COMMED Medical Scheme

- Private Bag X146, Halfway House, 1685
- Fax: 011 783 5084
- membership@allcare.co.za

MEMBER PERSONAL DETAIL UPDATE FORM

Membership Number	
Title	
Initials	
First Name	
Surname	
Identity Number	
Payroll Number	
Contact Number (during business hours)	Code
Cellphone Number	Code
Home Number	Code
Fax Number	Code
Email Address	

HOME ADDRESS

POSTAL ADDRESS

Postal Code	Postal Code
MEMBER SIGNATURE	DATE