PERMISSION TO CHANGE BANKING DETAILS 2026

This is a form to change banking details for either debit orders for contribution payments (pensioners/direct paying members) or to change banking details for claims/savings reimbursements

Libcare

Contact us
Tel: 0800 12 CARE (2273) • PO Box 653418, Benmore 2010 • www.libcare.co.za

The Libcare Medical Aid Scheme (referred to as 'the Scheme'), registration number 1197, is a not-for-profit organisation, registered with the Council for Medical Schemes.

This communication is sent out on behalf of Libcare Medical Scheme by Discovery Administration Services (Pty) Ltd, accredited by the Council for Medical Schemes as an administrator of medical schemes (registration number 2004/006809/07).

How to complete this form

1. Please print clearly using CAPITAL letters and one character per block.
2. To avoid administration delays, please make sure this form is completed in full.
3. Once the form is complete, please email it to ***bankingdetails@libcare.co.za.***
4. Supporting documents required: Please send the completed ***Permission to change banking details form*** back to us together with the supporting documents under each type of bank account. Please only send the documents relevant to your update. These documents are only applicable or needed when you are using one of the bank account types listed below:

Account holder

- Proof of the bank account or letter from the bank on a bank letterhead not older than 3 months
- Copy of ID or Passport

Third party

- Proof of the bank account (bank statement) or letter from the bank on a bank letterhead not older than 3 months
- Copy of ID or Passport of the account holder

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

PLEASE NOTE:

BANKING DETAILS FOR CONTRIBUTION PAYMENTS CANNOT BE COMPLETED BY FULL-TIME EMPLOYEES. YOU CAN ONLY CHANGE THESE DETAILS IF YOU ARE LIABLE FOR THE DIRECT PAYMENT OF THE FULL, OR A PORTION OF THE FULL MONTHLY CONTRIBUTION.

1. Details of Principal Member

Membership number	
SA ID/Passport number	
Surname	
First name/s	

2. New bank account details for refunds of claims and medical savings payments

Banking details are required in order to reimburse you for any monies owed to you as a result of claims or savings refunds. Please note transfers cannot be done to credit card accounts. You may only use a South African bank account.

When should we start using the new banking details? D D M M Y Y Y Y

Bank account owner (Mark with an X) Principal Member ☐ Third party ☐

Bank name

Branch name

Account number Branch code - -

Account type Cheque ☐ Transmission ☐ Savings ☐ Other ☐

Full name(s) of account holder

Signature of bank account holder Date D D M M Y Y Y Y

Please note: If the above bank account is not yours, please complete the third party's details below.

Title Initials

Surname

First name(s) (as per identity book)

Preferred name

Gender Male ☐ Female ☐ Date of birth D D M M Y Y Y Y

SA ID/passport number

Your banking details will only be changed if:

1. All the relevant fields on this request form have been filled in
2. The request has been signed by the Principal Member
3. Documentation required in step four (4) of “How to complete this form” accompanies this form.

I, (first and last name), as the Principal Member, give the Scheme permission to change my banking details.

Signed at (town or city)

Signature of Principal Member Date D D M M Y Y Y Y

Please only sign if information is true, complete and correct

If the account holder differs from the Principal Member, the Scheme and its Administrator reserve the right to obtain bank confirmation.

3. New account details for debit orders/contributions (e.g. Retired Employees/Direct Paying Members)

These details apply if your contributions will be paid partly or in full via debit order. Please note that we cannot accept credit card details. You may only use a South African bank account.

Submit the following with this form: A copy of the ID of the bank account holder and a bank statement/letter of confirmation (not older than 3 months) from the bank

When should we start using the new banking details? D D M M Y Y Y Y

Bank account owner (Mark with an X) Principal Member ☐ Third party ☐

Bank name

Branch name Branch code - -

Account number

Account type Cheque ☐ Transmission ☐ Savings ☐ Other ☐

Full name(s) of account holder

Signature of bank account holder Date D D M M Y Y Y Y

Signature of Principal Member Date D D M M Y Y Y Y

Account holder Residential address

Unit/Suite number Complex name

Street number Street name

Suburb

City Postal code

Account holder email address

Account holder contact number

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system.

Please note: If the above bank account is not yours, please complete the third party's details below.

Title Initials

Surname

First name(s)
(as per identity book)

Preferred name

Gender Male ☐ Female ☐ Date of birth D D M M Y Y Y Y

SA ID/passport number

4. Debit order mandate

This signed authority and mandate refers to the application on the signed date (''the agreement'')

I/We, the undersigned:
warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct;

- Authorise Libcare Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by Libcare Medical Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application to change banking details on condition that the sum of such payment instructions will never exceed my obligations as framed in the agreement which shall commence on the date that the banking details are effective and shall continue until this authority and mandate is terminated by me by giving Libcare Medical Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this authority and mandate.
- Confirm that that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection and there is an amount outstanding Libcare Medical Scheme can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Authorise Libcare Medical Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this agreement acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this agreement to Libcare Medical Scheme as if each payment instruction came from me personally as the account holder.
- Undertake to advise Libcare Medical Scheme in writing of any changes to my account details and acknowledge that Libcare Medical Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify Libcare Medical Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify this membership;
- Acknowledge that although this authority and mandate may be terminated by me, such termination does not necessarily terminate this agreement. In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by Libcare Medical Scheme whilst this authority and mandate was in force if such contributions or amounts were legally owing to Libcare Medical Scheme in terms of the agreement;
- Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.
- Acknowledge that this Authority may be assigned to a third party if this agreement is also assigned to a third party.

We process your personal information in accordance with the provisions of our Privacy Statement. Please read our Privacy Statement by going to www.libcare.co.za. By accepting these Terms and Conditions and/or by providing personal informalion to us you agree and give consent to the provisions of our privacy statement. If you do not agree or give consent to us using your personal information, we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions, please let our privacy office know by contacting us on **www.libcare.co.za**.

Reference number
This Agreement reference number: Your membership number

Abbreviated name
Abbreviated Name as Registered with the Bank is LIBCARCONT/LIBCSETTLE

Deduction amount: as per your signed contract.
Deduction date: as per your signed contract.
Payment start date: as per your signed contract.

Signature of Principal Member

Date D D M M Y Y Y Y

Please only sign if information is true, complete and correct