

Let GEMS reach you

when you need us most



We value you, our member, and would like to ensure that we continue to connect with you in your preferred manner.

Stay in the loop by providing us with your latest contact details to ensure we can reach you when it matters most. It's quick and easy, all you need to do is:

- Step 1: Complete the fields with your current details.
- Step 2: Return this form via post to **GEMS, Private Bag X782, Cape Town, 8000** OR fax to **0861 00 4367** OR drop it off at your nearest GEMS Walk-in Centre OR email to **enquiries@gems.gov.za**.

Keep us updated so that we can keep you updated about important healthcare and Scheme information!

Section A: Personal details (main member)

Complete all fields with your current contact details:

Membership no	<input type="text"/>
Surname	<input type="text"/>
Full first name/s	<input type="text"/>
Email	<input type="text"/>
Tel no (H) (<input type="text"/>)	<input type="text"/>
Fax no (<input type="text"/>)	<input type="text"/>
Cell phone no	<input type="text"/>
Language preference	<input type="text"/>
Postal address	<input type="text"/>
Code	<input type="text"/>
Residential address	<input type="text"/>
Code	<input type="text"/>

Section B: Banking details

Complete this section if your banking details have changed since your last update.

Please note that for GEMS to change or update your banking details, you are required to submit the following documents:

- A certified copy of your identity document (ID);
- A bank account statement, crossed cheque or letter from the bank either signed or stamped (not older than three months); and
- Proof of your residential address, which can be in the form of a utility bill such as your municipal account, or a sworn certified affidavit (not older than three months).

It is important to submit these documents as GEMS has to comply with FICA (Financial Intelligence Centre Act 38 of 2001) which fights money theft and fraud by helping to identify individuals who engage in such illegal activities.

Name of account holder	<input type="text"/>
Bank account	<input type="text"/>
Name of bank	<input type="text"/>
Branch name	<input type="text"/>
Branch code	<input type="text"/>
Type of account	Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>

Authorisation

- I declare that:
- ▶ I am an eligible member in accordance with the Rules of GEMS;
 - ▶ The information provided on this page is true and correct; and
 - ▶ I authorise GEMS to update my details as indicated on this page.

Main member's signature _____

Date

Section C: Details of existing dependant/s

Ensure we have all the details of your existing dependant/s as reflected on your membership card by completing this section in full. If you have more than two dependants registered on GEMS, include the details on a separate sheet and send it with this form.

Dependant 1

Surname																												
Full first name/s																												
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of birth	DDMMYYYY				Relationship																				
ID no									or Passport no																			
Basic income (if applicable)									Language preference (written)																			
Tel no (H) ()									Cell phone no																			
Email address																												
Postal address <small>(if different from main member)</small>																									Code			
Residential address <small>(if different from main member)</small>																									Code			

Dependant 2

Surname																												
Full first name/s																												
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of birth	DDMMYYYY				Relationship																				
ID no									or Passport no																			
Basic income (if applicable)									Language preference (written)																			
Tel no (H) ()									Cell phone no																			
Email address																												
Postal address <small>(if different from main member)</small>																									Code			
Residential address <small>(if different from main member)</small>																									Code			

Section D: Emergency contact

Please let us know who to contact in case of an emergency. Please note that the emergency contact must be above the age of 21 years.

Full name and surname																												
Tel no (H) ()									Tel no (W) ()																			
Cell phone no																												
Email address																												
Postal address <small>(if different from main member)</small>																									Code			
Residential address <small>(if different from main member)</small>																									Code			

Authorisation

I declare that:

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Membership no									Full name																			
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Main member's signature																					Date	DDMMYYYY			
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