

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

Surname

Full first name/s

Email

Tel no (H) Fax no

Cell phone no Language preference

Postal address Code

Residential address

Code

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

Bank account

Name of bank

Branch name Branch code

Type of account Current Savings Transmission

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 M F Date of birth Relationship
ID no or Passport no
Basic income (if applicable) Language preference (written)
Tel no (H) Cell phone no
Email address
Postal address (if different from main member) Code
Residential address (if different from main member) Code

Dependant 2

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

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.

Membership no Full name

Main member's signature _____ Date