CANCELATION
OF MEDICAL SCHEME MEMBERSHIP

PERSONAL DETAILS
MEMBER DECLARATION

I, Surname

Full name:

Identity Number

Date of Birth D D M M Y Y Y Y

EMPLOYEE DETAILS

Salary Ref No: Persal: Persol Other

Paypoint No: Dept Code

Department:

MEDICAL SCHEME DETAILS

Name of Medical Scheme

Medical Scheme Numeber

MEMBER DECLARATION

I hereby request that my membership of the above Scheme be cancelled with effect from D D M M Y Y Y Y

MEMBERS SIGNATURE

DATE