

CHANGE OF OPTION

Membership number		Date	Y	Y	Y	Y	M	M	D	D
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DETAILS OF THE PRINCIPAL MEMBER Race - A = African/Black, I = Indian/Asian W = White C = Coloured

Dr		Ref		Mr		Mrs		Miss		
Surname										
Full Names										
Member's date of birth	Y	Y	Y	Y	M	M	D	D	Race	
ID number										
Residential address										
								Code		
Postal address										
								Code		
Telephone number (H)										
Telephone number (W)										
Cellphone number										
Email address										
Name of employer					Employee number					
HR Department contact person					Telephone number					

CHANGE MY OPTION TO

Ultra Affordable		Ultra Affordable Value		Standard		Supreme		Extreme	
Activator									

MEMBER DECLARATION

I _____ understand that this written notice to change my option will apply for the whole year.

Member Signature

Date	Y	Y	Y	Y	M	M	D	D
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Namestamp of employer

Human Resource Manager / Practitioner Signature

Date	Y	Y	Y	Y	M	M	D	D
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