

## 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 (Please tick next to box) If Activator/Ultra Affordable Value is selected, kindly complete the GP Nomination form.

Activator	<input type="checkbox"/>	Ultra Affordable Value	<input type="checkbox"/>	Ultra Affordable	<input type="checkbox"/>	Standard	<input type="checkbox"/>	Supreme	<input type="checkbox"/>	Extreme	<input type="checkbox"/>
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### 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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