Bomaid
The medical aid you can trust

Membership Information Update Form

M	
Membership Number	

Healthplan / Scheme: AS ○ A ○ B ○ C ○ ISS ○ Comp Care ○

Healthplan Options (M,M+1,M+2,M+3,etc)	

Personal Details

Surname																									
Full Name(s)																									
Gender	M	F	Nationality															ID/Passport No.							
Marital Status	Single ○	Married ○	Divorced ○	Widowed ○														Date of Birth	D D	M M	Y Y	Y Y			
Postal Address																									
Plot number									Street Name/Ward																
City/Village																									
Workline												Home Landline													
Cellphone 1												Cellphone 2													
Email Address																									
Employer Name																									
Employee/Payroll Number																									

Salary Amount P_____(Please provide copy of latest pay slip or bank statement)

Dependant Information

	Name & Surname	M/F	ID/Passport No./ Birth Certificate	Date of Birth	Cell	Email Address	Status (child,spouse,parent)
1.				D D M M Y Y Y Y			
2.							
3.							
4.							
5.							
6.							

Educational Background

Certificate ○ Diploma ○ Degree ○ Masters ○ PHD ○ Others _____

Payment details - Membership Banking Details (Claims payments)

Bank Name	
Branch Name	
Branch Code	
Account Number	

Signature		Date of Birth	D D M M Y Y Y Y

Payer Details (Subscription Payments)

Payer Full Name			
Payer Bank Name			
Payer Branch Name		Payer Branch Code	
Payer Account Type			
Payer Account Number			
Payer Email Address			
Payer Cell Number		Payer Landline	

Signature		Date of Birth	D D M M Y Y Y Y

I/We_____(name) hereby authorise Bomaid to draw against my/our account with the above named bank the monthly subscriptions until further notice in writing from me/us