

Banking details for your Discovery Vitality cash back benefits



Contact us
Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za

Megan • WT137892 • Proof 1 • 07.05.19

How to complete this application form

- Please use one letter per block, write in black ink and print clearly.
- To avoid any delays, please ensure that this form is completed in full.
- Once completed, please email this form to vitalityadminupdates@discovery.co.za and submit with a copy of your ID and a recent bank statement.
- Please ensure that the account holder's bank statement is not older than six months.
- The main member on the Vitality policy needs to choose a preferred method of payment when activating a benefit. They also need to ensure that all details are correct.
- Please note that this form applies to cash back payments for HealthyLiving benefits including HealthyGear and HealthyFood and Team Vitality .

I, _____, give Discovery Vitality permission to change my banking details, where my HealthLiving and Team Vitality cash back will be paid.

1. Vitality cash back banking details

☐ Pay my HealthyLiving and Team Vitality cash back into the following bank account: (please complete banking details below)

Please note that we cannot accept credit card details for cash back payments.

Discovery Vitality will use the banking details you provide here for the payment of your HealthyLiving and Team Vitality cash back. These bank details will not apply to your claim payments or any other payments you make to Discovery Vitality.

Main member title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Name of accountholder	<input type="text"/>				
Bank	<input type="text"/>				
Type of account	Cheque <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>	Branch name <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Account number	<input type="text"/>				

- You confirm that the account information provided above is an account in your name and so you have the right to give Discovery Vitality (Pty) Ltd the authority to credit the account.
- You confirm that the account listed above is compliant with the Financial Intelligence Centre Act ("FICA").
- You will be held liable for any claims, losses or damage arising out of credits made to the account if these details are incorrect or if the account is in the name of any person who has not given consent.

2. Personal details

Discovery membership number	<input type="text"/>	Telephone number (H)	<input type="text"/>	Telephone number (W)	<input type="text"/>
Cellphone	<input type="text"/>				
ID number	<input type="text"/>				

Signed at (town or city) _____ on

2	0	Y	Y	M	M	D	D
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Signature of account holder

Signature of main member