



RAND WATER

Rand Water Medical Scheme Membership Details Update

Dear Valued Member

If your Personal Details have changed in the past three (3) years, please complete the following information.

Membership Number _____ Board Number _____

Principal Member Name _____

Principal Member Surname _____

Site : _____

Residential Address : _____

Postal Address : _____

E-mail Address Work : _____
Home : _____

Phone Number Work : _____
Home : _____
Cell : _____

NB

Please attach ID copies and or Birth Certificate of all dependents registered on Rand Water Medical Scheme
If you've changed banking details, please attach a copy of your Bank Confirmation Letter.

Please return the above to the Medical Scheme via:

E-mail : RWMED@randwater.co.za or

Fax : 011 682 0671 or

Paper : Medical Scheme Department or Medical Scheme Box at Rietvlei Reception

Yours Faithfull
Rand Water Medical Scheme