

# Contact details

Let GEMS reach you when you need us most



We value you, our member, and would like to ensure that we continue to connect with you in your preferred manner. Stay in the loop by providing us with your latest contact details to ensure we can reach you when it matters most. It's quick and easy, all you need to do is:

- **Step 1:** Complete the fields with your current details.
- **Step 2:** Return this form via post to GEMS, Private Bag X782, Cape Town, 8000 OR fax to 0861 00 4367 OR drop it off at your nearest GEMS Walk-in Centre OR email to enquiries@gems.gov.za.

Keep us updated so that we can keep you updated about important healthcare and Scheme information!

## Section A: Personal details (main member)

Membership No.	<input type="text"/>	ID/Passport No.	<input type="text"/>
First Name	<input type="text"/>		
Surname	<input type="text"/>		
Email	<input type="text"/>		
Tel No.	(H) <input type="text"/>	Fax No.	<input type="text"/>
Cellphone No.	<input type="text"/>	Language preference	<input type="text"/>
Postal address	<input type="text"/>		
			Code <input type="text"/>
Residential address	<input type="text"/>		
			Code <input type="text"/>

## Section B: Banking details

Complete this section if your banking details have changed since your last update.

Please note that for GEMS to change or update your banking details, you are required to submit the following documents:

- A **certified** copy of your **identity document (ID)**;
- A **bank account statement**, crossed cheque or letter from the bank either signed or stamped (not older than three months); and
- **Proof of your residential address**, which can be in the form of a utility bill such as your municipal account, or a sworn certified affidavit (not older than three months).

It is important to submit these documents as GEMS has to comply with FICA (Financial Intelligence Centre Act 38 of 2001) which fights money theft and fraud by helping to identify individuals who engage in such illegal activities.

Name of account holder	<input type="text"/>		
Bank account number	<input type="text"/>		
Name of bank	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Type of account	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission		

**I declare that:** I am an eligible member in accordance with the Rules of GEMS; The information provided on this page is true and correct; and I authorise GEMS to update my details as indicated on this page.

Main member's signature \_\_\_\_\_

Date

## Section C: Details of existing dependant/s

Ensure we have all the details of your existing dependant/s as reflected on your membership card by completing this section in full. If you have more than two dependants registered on GEMS, include the details on a separate sheet and send it with this form.

### Dependant 1

Initials	<input type="text"/>	Surname	<input type="text"/>
Full Name	<input type="text"/>		
ID/ Passport No.	<input type="text"/>	Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to main member	<input type="text"/>
Basic income (if applicable)	<input type="text"/>	Language preference	<input type="text"/>
Email	<input type="text"/>		
Tel No.	(H) <input type="text"/>	Cellphone No.	<input type="text"/>
Postal address (if different from main member)	<input type="text"/>		Code <input type="text"/>
Residential address (if different from main member)	<input type="text"/>		Code <input type="text"/>

### Dependant 2

Initials	<input type="text"/>	Surname	<input type="text"/>
Full Name	<input type="text"/>		
ID/ Passport No.	<input type="text"/>	Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to main member	<input type="text"/>
Basic income (if applicable)	<input type="text"/>	Language preference	<input type="text"/>
Email	<input type="text"/>		
Tel No.	(H) <input type="text"/>	Cellphone No.	<input type="text"/>
Postal address (if different from main member)	<input type="text"/>		Code <input type="text"/>
Residential address (if different from main member)	<input type="text"/>		Code <input type="text"/>

### Dependant 3

Initials	<input type="text"/>	Surname	<input type="text"/>
Full Name	<input type="text"/>		
ID/ Passport No.	<input type="text"/>	Date of Birth	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to main member	<input type="text"/>
Basic income (if applicable)	<input type="text"/>	Language preference	<input type="text"/>
Email	<input type="text"/>		
Tel No.	(H) <input type="text"/>	Cellphone No.	<input type="text"/>
Postal address (if different from main member)	<input type="text"/>		Code <input type="text"/>
Residential address (if different from main member)	<input type="text"/>		Code <input type="text"/>

## Section D: Emergency contact

Please let us know who to contact in case of an emergency. **Please note that the emergency contact must be above the age of 21 years.**

Surname

Full Name

Email

Tel No. (H)       (W)

Cellphone No.

Postal address   
(if different from main member)  Code

Residential address   
(if different from main member)  Code

**I declare that:** I am an eligible member in accordance with the Rules of GEMS; The information provided on this page is true and correct; and I authorise GEMS to update my details as indicated on this page.

Membership No.

First Name

Main member's signature \_\_\_\_\_

Date

Make use of the multi-function GEMS Member App to interact with the Scheme at home or on the go to make your life easier.

Use the QR Code to download the GEMS Member App

