Change in Membership Records



Ensure that all applicable sections are completed in full, and that you provide all necessary supplementary documentation. Submit the completed form to GEMS via any of the following channels:

a 0861 00 4367	enquiries@gems.gov.za GEMS, Private Bag X782, Cape Town 8000			
Section A: Member details				
Member number	Surname Surname			
Section B: Ch	nange in personal details			
Telephone Mobile No. Email Postal address (po	(H) (W) Fax No. Fax No. St collected from post box, suite or private bag) - Tick appropriate option:			
□ РО Вох	Private Bag X Number (complete the number)			
Postnet Suite	Apartment Number (complete the number)			
Suburb				
City	Code Code			
Section C: Change of banking details To update your banking details, we require a certified copy of your identity document (ID); bank statement, crossed cheque or letter from the bank either signed or stamped (not older than three months); and proof of residential address, which can be in the form of your utility bill i.e. municipal account (not older than three months).				
Name of bank				
Name of account h	older			
Bank account				
Branch name				
Branch code	Type of account Cheque Savings Transmission			
Account holder's s	ignature Date Date			

Section D: Cancellation of dependant(s)

Full first name	Surname	Date of cancellation	Reason for cancellation Reason codes: DI = divorce, DEC = deceased, OA = over aged, FIN = financial. In the event of divorce or death, please provide copy of the certificate.	
			□ DI □ DEC □ OA □ FIN	
			☐ DI ☐ DEC ☐ OA ☐ FIN	
			□DI □DEC □OA □FIN	
Note: Should you reinstate the dependant(s) again at a later stage, waiting periods may apply. Section E: Declaration				
ı,				
ID/Passport No.	d	eclare that the inf	formation submitted is true and correct.	
Signature of main member _			Date DDMMYYYY	

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







