

### Delivery amendment form



## Section A: Membership details (Main member)

Surname

First full name

Date of birth or ID no

Membership no

Please tick the appropriate block and provide details of amendments in the space provided.

☐ **New delivery address for your medicine**☐ **Temporary delivery address for your medicine**

Period of stay at temporary delivery address \_\_\_\_\_

☐ **Person to receive or collect medicine**

## Contact details

Physical address

Code

[illegible]

Tel no (H) ( ) Tel no (W) ( )

Cell phone no 

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 Fax no ( 

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Email

#### ☐ Delivery schedule

Re-schedule next delivery date to 

D	D	M	M	Y	Y	Y	Y
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#### Medicine delivery

Exclude the following medicine in the next scheduled delivery date and resume sending thereafter:

Exclude the following medicine in the next scheduled delivery date and only resume sending upon request:

Resume sending the following medicine:

Permanently stop the delivery of the following medicine:

Another request not mentioned above:

Signature of main member

Date 

D	D	M	M	Y	Y	Y	Y
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Private bag X782 Cape Town • **Call Centre:** 0800 00 GEMS (4367) • **Fax:** 0861 00 GEMS (4367)  
**Email** enquiries@gems.gov.za • **Fraud Line** 0800 21 2202 • **HIV Aids Helpline** 0860 436 736 • [www.gems.gov.za](http://www.gems.gov.za)

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The Government Employees Medical Scheme (GEMS) is an authorised Financial Services Provider (FSP No 52861)

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