

# Settlement agreement for an amount owing to the Malcor Medical Aid Scheme 2022



## Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

This form is your agreement to pay back an amount owing to the Malcor Medical Aid Scheme.

## Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

## How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administrative delays, please make sure this form is completed in full.
3. Once complete, please fax your form to 011 539 7232 or email it to [service@malcormedicalaid.co.za](mailto:service@malcormedicalaid.co.za)

## 1. Principal Member's details and acknowledgement of amount owing

Member name(s) (as per identity document)																								
Member surname																								
Membership number													Date of birth	D	D	M	M	Y	Y	Y	Y			
ID Number																								
Passport number																								
Telephone (H)							Telephone (W)																	
Cellphone							Fax																	
E-mail address																								

By signing this form, you acknowledge and agree to settle any amount owing to the Scheme. You acknowledge that the amount quoted may be amended and is based on the information we receive at the time. Where the amount we quote differs from the final amount that is due, you agree to pay back the full amount.

Note: Should the amount you owe the Scheme be amended, we will contact you and offer you new payment terms.

Signature of Principal Member

## 2. Method of payment

Please choose your method of payment:

Debit order  (complete section 3)

Direct deposit

Amount owing R

If you choose to pay the outstanding amount by direct deposit, please use the following bank account:

Bank	FNB
Branch	JHB Corporate
Branch cpde	255005
Account type	Current
Account number	6250-4445-645

Kindly use your Malcor membership number as the reference when making direct deposits and fax or e-mail the proof of payment to us.

### 3 . Your banking details if you are paying by direct debit

Name of account holder																				
Account number					Type of account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission	<input type="checkbox"/> Savings												
Bank name																				
Branch name						Branch number	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>									
Full amount owing	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		To be debited on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing this direct debit request, I authorise Malcor Medical Scheme to deduct the agreed amount from my bank account.

The amount that we quote as owing to the Scheme can change because of late or outstanding claims the Scheme receives and pays. By signing this form, you agree that the Scheme may add this amount to the outstanding amount we quoted you and that you will settle the amount in full.

Signature of account holder																
Signed at (town and city)								on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of main member																