Consent Form



Paying full med aid contributions till subsidy received

Section 1: Consent	
I, hereby consent paying: 100% of my contribution until receipt of my subsidy from National Treasury and/or such a payment wis received by GEMS. My portion of contributions as my subsidy has been approved (attach recent subsidy approval letter).	
Section 2: Member ba	nnking details
Please deduct contributio	ns from the following banking account:
Name of account holder Bank account number Name of bank Branch name Type of account	Branch code Cheque Savings Transmission
	bsidy portion of my contribution will only be refunded to me upon receipt of my reasury. I understand that it is my responsibility to ensure that the full contribution
Please pay any refunds do	ue to me into the following account:
Name of account holder Bank account number Name of bank Branch name Type of account	Branch code Cheque Savings Transmission
Account holder's signature	Date DDMMYYYY