

PROF MED DECLARATION OF INCOME

1 PRINCIPAL MEMBER DETAILS

Should any of the details below differ to the information that is currently on record, I hereby give consent for the information on record to be updated accordingly

Yes ☐ No ☐

Membership Number	<input type="text"/>	ID/Passport no.	<input type="text"/>
Title	<input type="text"/>	First names	<input type="text"/>
		Surname	<input type="text"/>
Telephone: Work	<input type="text"/>	Email address	<input type="text"/>
Home	<input type="text"/>	Cellphone no.	<input type="text"/>

2 APPLICANT/DEPENDANT DETAILS

ID/Passport no.	<input type="text"/>
Title	<input type="text"/>
Initials	<input type="text"/>
Surname	<input type="text"/>
Telephone: Work	<input type="text"/>
Email address	<input type="text"/>
Home	<input type="text"/>
Cellphone no.	<input type="text"/>

3 BANK ACCOUNTS OF DEPENDANT DETAILS

I have bank accounts with the following banks (please tick the applicable box)

<input type="checkbox"/> Absa Group Limited	<input type="checkbox"/> First National Bank	<input type="checkbox"/> South Africa Post Office - Postbank
<input type="checkbox"/> Standard Bank of South Africa Limited	<input type="checkbox"/> Investec	<input type="checkbox"/> African Bank Limited
<input type="checkbox"/> Nedbank Group	<input type="checkbox"/> Capitec Bank Limited	<input type="checkbox"/> Other Bank (Specify)

4 INCOME

SOURCE OF INCOME	Monthly income	
	Principal Member	Spouse/ Dependant/ Other
Employment or self-employment (salary etc.)		
Pension and annuities		
Consulting services		
Trusts		
Scholarships/Bursaries		
Fellowships		
Freelance work		
Maintenance/support payments		
Allowances		
Investment income		
Unemployed (e.g. UIF)		
Rental income, interest, dividends		
Other:		
Total		

Please note:

Information and documents are valid for 30 days. Documents and information older than 30 days will need to be re-submitted.

When submitting bank statements, please provide an explanation for all credits (deposits), whether once-off or regular deposits.

5 CONSENT AND DECLARATION BY MEMBER

I grant Profmed Medical Scheme or its representatives (e.g. third party administrator) permission to obtain information from any credit bureau or party who may be in possession of any information concerning my/my dependants' credit records.

I guarantee that, to the extent that it may be required by law, I have the necessary consent from my dependants to provide this permission.

I understand that the information may be used by Profmed or its representatives (e.g. third-party administrator) at any time during my membership of Profmed.

I understand that providing false information may result in the termination of my and/or my dependants' membership.

I acknowledge that I have read and understand the contents of the Explanation of Income document and I confirm that I have declared all relevant income and that the information is true and correct.

Principal member's signature _____

Date

D	D	M	M	Y	Y	Y	Y
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6 DECLARATION BY COMMISSIONER OF OATHS

I certify that the above deponent has acknowledged that he/she knows and understands the contents of this declaration. This declaration was sworn to/affirmed before me and the deponent's signature was placed herein in my presence.

Name _____

Place _____

Date

D	D	M	M	Y	Y	Y	Y
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Official stamp of
Commissioner of Oaths
or South African Police Service