

IMPORTANT NOTE: Please complete the entire form for your refund to be processed. Please e-mail the completed form as well as your supporting documentation to refunds@primecure.co.za. Your refund will be processed within 14 days of receipt of all the information. Where no proof of bank details have been supplied Prime Cure will not be held responsible for any payment to incorrect accounts.

A Details of Principal Member/Policyholder:

Surname:

First Name:

Email:

Member/Policy Number:

Medical Scheme/Health Insurer: Medical Scheme/Health Insurer Plan:

Telephone: Fax:

Cellphone: Identity Number/Passport:

Gender: Male Female Age:

B Banking Details:

The account holder must be the same as all the documents received.

Account Holder:

Bank Name:

Account Number:

Branch Name:

Branch Code:

Account Type: Transmission Cheque Savings

Signature: Date:

C Supporting Documentation:

The following documents are required to be provided for your refund request to be processed.

- A copy of your ID
- The actual account for which the request is being made
- Your receipt to show proof of payment
- Any requests over R3 000.000 must be accompanied by proof of banking details (Either a cancelled cheque or bank stamped statement)