

IMPORTANT NOTE: I/We declare that the details on this Banking Verification form is correct and may be used by Prime Cure Health for reimbursement of valid claims.
I/We authorise Prime Cure Health to pay any amounts which accrue to the stated practice to the credit of the stated provider's account into the mentioned bank account.
Service providers are requested to complete this form and submit to bankingdetails@primecure.co.za kindly accompany the form with a certified ID copy of the account holder and a stamped bank confirmation letter.

A Provider Details:

Practice Name:

Practice Registration Number:

Physical Address:

Postal Address:

Telephone Number: Fax Number:

Email Address:

Name of Contact Person in Practice:

B Banking Details:

Account Holder:

Bank Name:

Account Number:

Branch Name:

Branch Code:

Account Type: Transmission Cheque Savings

Initials and Surname:

Signature: Date: - -