



LIBERTY

In it with you

Liberty Health Cover Bank Details Form

Important:

- Please write clearly using capital and block letters.
- Please complete all required fields in this form.
- Please submit the completed form by email to membership@libertyhealth.net

1. DETAILS OF PRINCIPAL MEMBER

Last name	<input type="text"/>		
First name(s)	<input type="text"/>	Title	<input type="text"/>
Initials	<input type="text"/>	Date of birth	<input type="text" value="Y Y Y Y M M D D"/>
Identification Document/Passport Number	<input type="text"/>		
Tel home	<input type="text"/>	Please include country and area code	
Cell phone no.	<input type="text"/>	Email	<input type="text"/>
Residential address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Employee number	<input type="text"/>	Policy number	<input type="text"/>
Country	<input type="text"/>		

2. BANKING DETAILS

- Please make sure we have your correct bank account details for electronic payment of your claim refunds.
- If you add or change your bank account details to which we should refund your claims, please send us ALL of the following documents:
 - This Banking Details Form, completed and signed by the Principal Member.
 - A copy of the account holder's identity document, or passport, or valid driver's license.
 - A bank stamped letter/ statement not older than three months showing the name of the account holder.
 - If the account holder is not the member of Liberty Health Cover, a signed letter is required from the principal member giving consent to pay the refund into the third party's bank account.

DISCLAIMER: No banking details will be accepted without the abovementioned mandatory documents.

Account holder name	<input type="text"/>		
Account number	<input type="text"/>		
Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	Other <input type="text"/>
Bank	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
NIB (if applicable)	<input type="text"/>	Swift code	<input type="text"/>

3. DECLARATION BY PRINCIPAL MEMBER

Banking Details

- I agree to advise the Insurer in writing of any changes to my banking details.
- I understand that failure to do so will result in me being liable for any subsequent banking charges or other costs / losses incurred due to the use of the incorrect banking details.
- We are committed to transparency and confidentiality relating to your personal information. In order to process your request we are required to share, collect and process your personal information. For this purpose, your personal information is collected and processed internally by our staff, representatives or sub-contractors and we make every effort to protect and secure your personal information. By filling in this form, you give us consent to collect, process and share your personal information. You are entitled at any time to request access to the information Liberty has collected, processed and shared. For more information on how your personal information is processed, please read our detailed Privacy Statement on our website at: www.libertyhealth.net

Signature of Principal Member