## Liberty Health Cover Service Provider Banking Details Change Request Form



LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

<ul> <li>Important: please read the following before completing this application form</li> <li>Please write clearly using capital and block letters.</li> <li>It is compulsory to complete all the fields in this form.</li> </ul>																															
Liberty Health Cover unique practice number																															
Practice / Dr / Facility owner name																															
Dhyrical address																								Ŧ	<u>_</u>	<u>_</u>	<u>_</u>	<u></u>			
Physical address																							 ]	Postal code						4	
Postal address (if different from physical address)																									ll code			<del> </del>			
																							] P(	osta	COUE	· _					
CONTACT DETAILS																															
Name of responsible person																															
Telephone numbers (please include country and are																															
Cellphone numbers (please include country and area code) +																															
Fax numbers (please include country and area code	Fax numbers (please include country and area code) +																														
Emergency contact telephone number			+																												
E-mail address																															
Internet access (tick correct)	YE:	:S		NO																											
Preferred communication method (tick your selection		Tele	phone			Mobile					Fax					E-r	-mail				Post				Hand delivery						
CURRENT BANKING DETAILS																															
Account holder name																															
Account number																															
Account type		Savi	ngs			Cheque					Trar	nsmis	sion	Othe																	
Bank																															
Branch name																								I							
Branch code														Sv	vift c	ode															
NIB (If applicable)																															
IBAN (If applicable)																															

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NEW BANKING DETAILS																														
Account holder name																														
Account number																														
Account type		Savings					Cheque					Tra	nsmi	ssior	1	Other														
Bank																														
Branch name																														
Branch code															9	Swift c	ode													
NIB (If applicable)																														
IBAN (If applicable)																														
Please attach the following documents Copy of the account holder's Identity Document/Passport/Drivers Licence. Copy of a bank stamped letter confirming banking details not older than 3 months. Signed and stamped letter from the provider confirming the request  DISCLAIMER: No banking details will be acceped without the abovementioned mandatory documents.  PROVIDER DECLARATION																														
I hereby declare the above to be true																														
Registration/Practice no.																														
Name																											<u></u>			
Signature																						Date	D	D	M	M	Y	Y	Y	Y
Provider stamp																														
FOR OFFICIAL USE																														
FRONT OFFICE DECLARATION																			i											
I hereby declare that I have received and verified the	e aho	ove in	forma	ation	with	the re	ouire	ed ma	ındat	ory	locun	nents	Т	Т	Т		Т	Т		Т	Т	Т	Т	Т	Т	Т			Т	
Name					T		7			T					Τ															
Signature																					1		D	D	М	М	Υ	Υ	Υ	Υ
-																						Date								
Front office stamp																														
Submitted to email address																														