

Member Refund Request Form

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

First Name: _____
ID / Passport Number: _____
Tel (W): _____
Scheme/Plan Name: _____
Surname: _____
Tel (H): _____
Tel (C): _____
Membership Number: _____

B Bank Details

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

Bank Name: _____
Branch Code: _____
Account Number: _____
Branch Name: _____
Account Holder Name: _____
Account Type: Cheque Transmission 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 R3000.000 must be accompanied by proof of banking details (*Either a cancelled cheque or bank stamped statement*)