

Becoming an employer contact 2026

This form must be completed when an employer contact needs to be loaded for Bankmed.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

- Fill in the form in black ink, print clearly using one letter per block. Alternatively, complete it electronically by typing in the fields below.
- Sign the application form
- Once complete, kindly e-mail it to employercontactapp@bankmed.co.za

When you sign this form, you confirm that the information provided is true and correct.

1. Employer details

Employer name		Employer number																		
Branch name		Branch number																		

Postal address (Post collected from post box, suite or private bag)

☐ PO Box	☐ Private bag	Box number																					
☐ Suite	☐ PostNet suite	Number																					
Suburb																			Postal code				
City																							

Physical address

Unit/Suite number						Complex name																	
Street number						Street name																	
Suburb																							
City																			Postal code				

2. Employer contact details

Is this a new employer contact? Yes ☐ No ☐

Is this a replacement employer contact? Yes ☐ No ☐

If yes to replacement of employer contact, complete the fields below so the employer contact that is being replaced can be removed.

Title		Initials																		
Surname																				
First name(s) (as per identity document)																				
ID or passport number																				
Date																				

3. Kindly complete this section for a new employer contact

Title		Initials	
Surname			
First name(s) (as per identity document)			
ID or passport number			
Gender	M ☐ F ☐	Date of birth	
Job title			
Telephone (W)		Cellphone	
E-mail			
Signature of employer applicant		Signature of Direct report or Manager	
Print name		Print name	
Date		Date	