



To be completed by a member when changing surname name or marital status

SECTION A – MEMBER'S PRESENT DETAILS																					
SURNAME																					
FIRST NAMES																					
ID NUMBER													DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF APPLICABLE									COUNTRY OF ISSUE												
MEMBER NUMBER									OPERATION / SECTION												

SECTION B – PARTICULARS TO BE AMENDED													
Note:													
1. A certified copy of the marriage certificate must accompany this form for status changes													
2. A certified copy of the ID must accompany this form for surname changes													
NEW SURNAME (if applicable)													
(Female employees) Do you wish your surname to be changed to your married surname?										YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DATE OF MARRIAGE	Y	Y	Y	Y	M	M	D	D					
TYPE OF MARRIAGE (TICK)	CIVIL CEREMONY	<input type="checkbox"/>											
	RELIGIOUS CEREMONY	<input type="checkbox"/>											
	AFRICAN LAW AND CUSTOM	<input type="checkbox"/>											

SECTION C – SPOUSES'S DETAILS												
IS SPOUSE A MEMBER OF THE DE BEERS BENEFIT SOCIETY					YES	<input type="checkbox"/>					NO	<input type="checkbox"/>
BENEFIT SOCIETY POLICY NUMBER OF SPOUSE												

SECTION D – BENEFIT SOCIETY ELECTION													
OPTION 1	I SHALL BECOME A MEMBER OF MY SPOUSE'S MEDICAL AID WITH EFFECT FROM	Y	Y	Y	Y	M	M	D	D				
OPTION 2	MY SPOUSE IS NOT A MEMBER OF ANOTHER MEDICAL AID AND I ELECT TO CONTINUE MEMBERSHIP OF THE DE BEERS BENEFIT SOCIETY	YES		<input type="checkbox"/>					NO		<input type="checkbox"/>		

MEMBER SIGNATURE												
I	Print name here		DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.									
DATE												
SIGNATURE												