



To be completed in order to update any contact details.

SECTION A – MEMBER'S 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 – NEW CONTACT DETAILS			
RESIDENTIAL ADDRESS			
			CODE
POSTAL ADDRESS			
			CODE
EMAIL ADDRESS			
TELEPHONE NUMBER (H)		TELEPHONE NUMBER (W)	
CELLPHONE NUMBER		FAX NUMBER	

MEMBER SIGNATURE		
<input type="checkbox"/> BY PROVIDING AN EMAIL ADDRESS, I AUTHORISE THE BENEFIT SOCIETY TO EMAIL ALL MY FUTURE COMMUNICATION TO THE EMAIL ADDRESS SUPPLIED		
I	Print name here	DECLARE THAT THE PARTICULARS ABOVE ARE TRUE AND CORRECT
DATE		
SIGNATURE		