



Who must complete this form?

This form must be completed by the main member when their contact details or address changes.

SECTION A: MEMBER'S DETAILS

Surname	<input type="text"/>		
First names	<input type="text"/>		
Identity number	<input type="text"/>	Date of birth	<input type="text"/>
Passport number (if available)	<input type="text"/>	Country of issue	<input type="text"/>
Member number	<input type="text"/>	Operation / Section	<input type="text"/>

SECTION B: NEW CONTACT DETAILS

Contact details	Home	<input type="text"/>	Work	<input type="text"/>
	Fax	<input type="text"/>	Cell	<input type="text"/>
	Email*	<input type="text"/>		
*If supplied, all Society communication will be sent to this email address.				
Postal address	<input type="text"/>			Code <input type="text"/>
Physical address	<input type="text"/>			Code <input type="text"/>
Name of family member not living at same address	<input type="text"/>			
Contact number of family member not living at same address	<input type="text"/>			
Address of family member not living at same address	<input type="text"/>			Code <input type="text"/>

SECTION C: MEMBER'S SIGNATURE

I declare that the above information is true and correct and any false or inaccurate information could affect membership or benefits.

Name	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		

Protecting your Privacy

The De Beers Benefit Society (the Society) has developed a Privacy Policy which covers how the Society collects, uses, discloses, transfers, and stores members' personal information. In line with this policy, the information disclosed in this document will be treated as confidential and will only be used for the purposes for which it is intended in terms of applicable legislation. Please visit the Society's website to view the Privacy Policy (www.dbbs.co.za).