

**MEMBER DETAILS UPDATE FORM**

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First names: \_\_\_\_\_ Known as: \_\_\_\_\_

Date of birth: \_\_\_\_\_ ID / Passport number: \_\_\_\_\_

Tax number: \_\_\_\_\_ Tax office: \_\_\_\_\_

Country of residence (if not South Africa):  
\_\_\_\_\_

Residential address: \_\_\_\_\_ Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Tel: (\_\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_\_) \_\_\_\_\_

Work Tel: (\_\_\_\_\_) \_\_\_\_\_ Work Fax: (\_\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred means of communication: Post ☐ Email ☐

In terms of the Financial Intelligence Centre Act of South Africa, we are required to keep proof of residence and Identity of each policy holder on file. We therefore request that you please return this form once you have completed it to us at [admin@multilect.co.za](mailto:admin@multilect.co.za) along with a **copy of a recent (no more than 3 months old) service account which reflects your name and home address, and a copy of your South Africa Identity Document or foreign Passport.**

I hereby certify that the above information is true and correct and I undertake to advise Multilect Administrators (Pty) Ltd. if any of the above information should change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_