

Z864 Personal Details Update

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A) PERSONAL PARTICULARS OF MEMBER / PENSIONER

1. Pension No.		2. Title	
3. Surname			
4. First name			
5. Middle names			
6. Maiden name			
7. ID No.		8. Passport No.	
9. Date of birth		10. Income tax number	
11. Marital status	☐ Single ☐ Married ☐ Divorced ☐ Widow/er ☐ Life Partner		
		12. Date of marriage	

B) PARTICULARS OF SPOUSE(S) / LIFE PARTNER

1. Surname		Date of birth	
First name		Date of marriage	
Middle names			
Maiden Name		Marital type	☐ Religion ☐ Customary Union ☐ Civil
ID No.		Passport No.	
Relationship		Registered dependant of medical aid scheme	☐ Yes ☐ No
Status			
2. Surname		Date of birth	
First name		Date of marriage	
Middle names			
Maiden Name		Marital type	☐ Religion ☐ Customary Union ☐ Civil
ID No.		Passport No.	
Relationship		Registered dependant of medical aid scheme	☐ Yes ☐ No
Status			
3. Surname		Date of birth	
First name		Date of marriage	
Middle names			
Maiden Name		Marital type	☐ Religion ☐ Customary Union ☐ Civil
ID No.		Passport No.	
Relationship		Registered dependant of medical aid scheme	☐ Yes ☐ No
Status			
4. Surname		Date of birth	
First name		Date of marriage	
Middle names			
Maiden Name		Marital type	☐ Religion ☐ Customary Union ☐ Civil
ID No.		Passport No.	
Relationship		Registered dependant of medical aid scheme	☐ Yes ☐ No
Status			

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER OR PENSIONER AND COMMISSIONER OF OATHS MUST INITIAL THIS PAGE

Member / Pensioner Initial

Commissioner of Oaths Initial

C) PARTICULARS OF OTHER DEPENDANTS

1.	Surname		Date of birth	C C Y Y M M D D
	First name		Other Initials	
	Relationship		Registered dependant of medical aid scheme	☐ Yes ☐ No
	Status			
2.	Surname		Date of birth	C C Y Y M M D D
	First name		Other Initials	
	Relationship		Registered dependant of medical aid scheme	☐ Yes ☐ No
	Status			
3.	Surname		Date of birth	C C Y Y M M D D
	First name		Other Initials	
	Relationship		Registered dependant of medical aid scheme	☐ Yes ☐ No
	Status			
4.	Surname		Date of birth	C C Y Y M M D D
	First name		Other Initials	
	Relationship		Registered dependant of medical aid scheme	☐ Yes ☐ No
	Status			

D) MEDICAL SCHEME PARTICULARS

1. PARTICULARS OF PREVIOUS MEDICAL SCHEME

[illegible]

2. PARTICULARS OF NEW MEDICAL SCHEME OR CHANGES TO CURRENT SCHEME

[illegible]

E) PERSON'S CONTACT DETAILS (Both postal and residential addresses must be supplied)

	Postal	Fax	Email																					
1. Preferred contact																								
2. Postal address																								
3. Residential address																								
4. Tel No.																								
5. Fax No.																								
6. Cell No.																								
7. Email address																								

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**Member /
Pensioner**

**Commissioner of
Oaths Initial**

Declared and signed before me this day of

year of

Thumb print only needed for cases where the member or pensioner cannot read / write

Designation

Declared and signed before me this day of

year of

Thumb print only needed for cases where member or pensioner cannot read / write

Official Stamp of the
Commissioner of Oaths

Thumb print
member/pensioner

Postal address

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