

Member Record Amendment Form

A. Membership Details

Fund Name			
Employer Name			
Member Name and Surname			
Member ID nr / Passport nr		Date of birth	

B. Change Type

Surname / Name	☐	New Surname / Name		
Identity Number	☐	New Identity Number		
Passport Number	☐	New Passport Number		
Date of Birth	☐	New Date of Birth		
Gender	☐	New Gender		
Benefit Category	☐	New Category		Date
Residential Address	☐	New Residential Address		
Postal Address	☐	New Postal Address		

Member's Signature

Date

Authorised Signature and Date

Company Stamp

Disclosure of information

GQM and the fund understand privacy and the confidentiality of personal information. If required, we may disclose your personal information to 3rd parties. These 3rd parties are insurance and service providers who are involved in the delivery of products or services to you. The same strict confidentiality standards are imposed on 3rd parties. Signing of this form confirms acknowledgement and consent to the above. We will treat personal information with caution and have security measures in place to protect it. The information provided will be used for intended purpose only. Such purposes include fund and related communications. We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.

Where the person signing this document is someone other than the person whose personal information is being supplied, such signatory confirms that the necessary consent has been obtained to supply personal information and that the information is true and correct.