



LIBERTY

In it with you

Liberty Health Cover Service Provider Banking Details Change Request Form

Important: please read the following before completing this application form

- Please write clearly using capital and block letters.
- It is compulsory to complete all the fields in this form.

Liberty Health Cover unique practice number	<input type="text"/>																				
Practice / Dr / Facility owner name	<input type="text"/>																				
	<input type="text"/>																				
Physical address	<input type="text"/>																				
	<input type="text"/>															Postal code	<input type="text"/>				
Postal address (if different from physical address)	<input type="text"/>																				
	<input type="text"/>															Postal code	<input type="text"/>				

CONTACT DETAILS

Name of responsible person	<input type="text"/>																			
Telephone numbers (please include country and area code)	+	<input type="text"/>																		
Cellphone numbers (please include country and area code)	+	<input type="text"/>																		
Fax numbers (please include country and area code)	+	<input type="text"/>																		
Emergency contact telephone number	+	<input type="text"/>																		
E-mail address	<input type="text"/>																			
Internet access (tick correct)	<input type="checkbox"/> YES	<input type="checkbox"/> NO																		
Preferred communication method (tick your selection)	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Post	<input type="checkbox"/> Hand delivery														

2. BANKING DETAILS

Account holder name	<input type="text"/>																					
Account number	<input type="text"/>																					
Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission	Other	<input type="text"/>																	
Bank	<input type="text"/>																					
Branch code	<input type="text"/>					Swift code	<input type="text"/>										Currency code	<input type="text"/>				
NIB (if applicable)	<input type="text"/>																					
IBAN (if applicable)	<input type="text"/>																					

NEW BANKING DETAILS

Account holder name																																
Account number																																
Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission	Other																												
Bank																																
Branch code											Swift code											Currency code										
NIB (if applicable)																																
IBAN (if applicable)																																

Please submit ALL the following documents with this application form to verify your bank details:

1. A certified copy of the account holder's identity document, passport or valid driver's license.
2. Copy of a bank stamped letter confirming banking details not older than 3 months.
3. Signed and stamped letter from the provider confirming the request.

DISCLAIMER: No banking details will be accepted without the above mentioned mandatory documents.

PROVIDER DECLARATION

I hereby declare the above to be true

Registration/Practice no.																														
Name																														
Signature																										Y Y Y Y M M D D				
Date signed																														
Provider stamp																														

FOR OFFICIAL USE

FRONT OFFICE DECLARATION

I hereby declare that I have received and verified the above information with the required mandatory documents.

Name																														
Signature																										Y Y Y Y M M D D				
Date signed																														
Front office stamp																														
Submitted to email address																														