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## CHANGE OF OPTION

Membership number		Date	Y	Y	Y	Y	M	M	D	D
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### DETAILS OF THE PRINCIPAL MEMBER Race - A = African/Black, I = Indian/Asian W = White C = Coloured

Dr		Ref		Mr		Mrs		Miss	
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Surname

Full Names

Member's date of birth	Y	Y	Y	Y	M	M	D	D	Race	
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ID number

Residential address

Postal address

Telephone number (H)

Telephone number (W)

Cellphone number

Email address

Name of employer		Employee number	
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HR Department contact person		Telephone number	
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### CHANGE MY OPTION TO

Activator		Ultra Affordable Value		Ultra Affordable		Standard		Supreme		Extreme	
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### MEMBER DECLARATION

I \_\_\_\_\_ understand that this written notice to change my option will apply for the whole year.

Member Signature

Date	Y	Y	Y	Y	M	M	D	D
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Namestamp of employer

Human Resource Manager / Practitioner Signature

Date	Y	Y	Y	Y	M	M	D	D
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