

D. PLEASE TICK THE APPROPRIATE BLOCKS BELOW:

I hereby apply for membership of the BP Medical Aid Society for myself and/or my dependant(s) and agree to abide by the rules and regulations of the Scheme.

Commencement date

I hereby notify the BP Medical Aid Society of the above member record amendment.

Active members only

I authorise BP to deduct the monthly subscriptions by or in respect of my membership and any amounts due by me to the Scheme from my salary and to pay it to such scheme on my behalf. On termination of membership, any amount due by me to the Scheme may be deducted from monies due to me by BP.

Pensioner members only

I authorise the BP Southern Africa Pension Fund to deduct the monthly subscriptions by or in respect of my membership or any arrear subscriptions due by me to the Scheme from my pension and to pay it to such scheme on my behalf.

Provident fund members only

I authorise the BP Medical Aid Society to deduct the monthly subscriptions by or in respect of my membership and any amounts due by me to the Scheme from my bank account and to pay it to such scheme on my behalf.

I hereby declare that the information completed on this form is true and correct and agree that any false declaration will render my application null and void.

Date

Identity number

Signature of applicant

To avoid unnecessary delay in processing your application, please ensure that this form is completed in full including any documentation that should accompany it.

Should there be any outstanding information, your application will not be processed.

THIS SECTION MUST BE COMPLETED BY AN AUTHORISED OFFICIAL AFTER THOROUGH SCRUTINY

I certify the foregoing details to be a true statement and that the applicant is a permanent employee of BP.

OFFICIAL EMPLOYER'S STAMP

Date

Signature of BP representative