



Medical scheme

## PLEASE PROVIDE US WITH YOUR CONTACT DETAILS

We would like to know how to contact you. Please complete the member contact detail form below and return the form to Private Health Administrators at:

E-mail: [pnpinf@pha.co.za](mailto:pnpinf@pha.co.za)  
Fax: 031 267 0227  
Post: PO Box 343, Westville 3600

Please note that this information will only be used to assist you and your family in maximising the benefits available from the Scheme. Your information will not be provided to external parties.

## MEMBER CONTACT DETAIL FORM

Please provide all the details below. Include your preferred method of contact by ticking the box provided:

Membership number:	<input type="text"/>
<input type="checkbox"/> Cell phone number:	<input type="text"/>
<input type="checkbox"/> Work telephone number:	<input type="text"/>
<input type="checkbox"/> Fax number:	<input type="text"/>
<input type="checkbox"/> E-mail address:	<input type="text"/>
<input type="checkbox"/> Postal address:	<input type="text"/>
	<input type="text"/> Code: <input type="text"/>

I, the undersigned, confirm that the details provided above are correct.

Signature: \_\_\_\_\_ Date: 

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