

## Please provide us with your contact details

We would like to know how to contact you. Please complete the member contact detail section below and return the form to [picknpaymembership@mhg.co.za](mailto:picknpaymembership@mhg.co.za).

**PLEASE NOTE:** 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.

**PLEASE COMPLETE IN BLOCK LETTERS.**

### Member contact detail

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

Membership number	<input type="text"/>
Employee number	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/>
Surname	<input type="text"/>
First names	<input type="text"/>
ID/Passport number	<input type="text"/>
Store or department	<input type="text"/>
Region	<input type="text"/>
<input type="checkbox"/> Work telephone number	<input type="text"/>
<input type="checkbox"/> Fax number	<input type="text"/>
<input type="checkbox"/> Cell phone number	<input type="text"/>
<input type="checkbox"/> Postal address	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
<input type="checkbox"/> Email address	<input type="text"/>

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

Signature	<input type="text"/>	Date	<input type="text"/>
			DD/MM/YYYY