

# MEMBER – CHANGE OF EMPLOYER



taking care of our own

Telephone: 0861 000 300 | Email: [membership@mhcmf.co.za](mailto:membership@mhcmf.co.za)

**Please note:** The Scheme reserves the right to request additional information if required. All personal information recorded on this form and submitted to us, shall be processed by Moto Health Care in accordance with the law and the Scheme's [Privacy Policy](#), which is available on the website ([www.mhcmf.co.za](http://www.mhcmf.co.za)), or on request from our call centre (0861 000 300).

**Important note:**

Should the member have a break between the termination date and joining/transfer date:

- of more than 30 days, a declaration of health form needs to be completed
- of more than 90 days, an application for membership form (dated and signed) is required
- they must remain on the current option until the end of the year.

## PRINCIPAL MEMBER DETAILS

Membership number	<input type="text"/>	Employee number	<input type="text"/>
Identity/Passport number	<input type="text"/>	Country of issue	<input type="text"/>
First names	<input type="text"/>		
Surname	<input type="text"/>		
Street address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Telephone number (home)	<input type="text"/>	Telephone number (work)	<input type="text"/>
Cell phone number	<input type="text"/>		
Preferred email address	<input type="text"/>		

## CHANGE OF EMPLOYER DETAILS

### TERMINATION REQUEST FROM CURRENT/PREVIOUS EMPLOYER

Name of employer	<input type="text"/>
Employer/Group number	<input type="text"/>
Termination date	<input type="text" value="DD/MM/YYYY"/>

Signed on behalf of the employer	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>
Name of authorised signatory	<input type="text"/>		
Designation	<input type="text"/>		

### TRANSFER TO NEW EMPLOYER

Name of employer	<input type="text"/>
Employer/Group number	<input type="text"/>
Joining/transfer date	<input type="text" value="DD/MM/YYYY"/>
Principal member's gross monthly income	R <input type="text"/>

Change of employer details continued on page 2

CHANGE OF EMPLOYER DETAILS (CONTINUED)

It is hereby confirmed that the applicant is in our employ and commenced employment on the date indicated above.

Signed on behalf of the employer	<div></div>	Date	<div>DD/MM/YYYY</div>
Name of authorised signatory	<div></div>		
Designation	<div></div>		

MEMBER DECLARATION

I hereby authorise the Scheme and/or its duly authorised service providers to obtain from any person any necessary information, which relates to any aspect of my Scheme membership and that of my dependants.

Signed by me as the principal member, declaring that I have carefully read this application form, completed it in full, and confirm that all the information provided herein to be true and correct to the best of my knowledge.

Signature of principal member	<div></div>	Date	<div>DD/MM/YYYY</div>
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12/2025