Settlement agreement for an amount owing to the Malcor Medical Aid Scheme 2025



Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

This form is your agreement to pay back an amount owing to the Malcor Medical Aid Scheme.

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. To avoid administrative delays, please make sure this form is completed in full.
- 3. Once complete, please fax your form to 011 539 7232 or email it to service@malcormedicalaid.co.za.

1. Main member's details and acknowledgement of amount owing		
Member surname		
Member name(s) (as per identity document)		
Membership number	ID or passport number	
Telephone (H)	Telephone (W)	
Cellphone		
Email address		
amended and is based on the information we receive at the time. Where the amount we quote differs from the final amount that is due, you agree to pay back the full amount. Note: Should the amount you owe the Scheme be amended, we will contact you and offer you new payment terms. Signature of main member		
2. Method of payment		
Please choose your method of payment:		
Debit order (com	pplete section 3)	
Direct deposit		
Amount owning R		
If you choose to pay the outstanding	g amount by direct deposit, please use the following bank account:	
Bank	FNB	
Branch	JHB Corporate	
Branch code	255005	
Account type	Current	
Account number	6250-4445-645	

Kindly use your Malcor membership number as the reference when making direct deposits and fax or e-mail the proof of payment to us.

3. Your banking details if you are paying by direct debit			
Account holder name			
Bank name			
Branch name	Branch number		
Account number	Type of account Cheque Transmission Savings		
Full amount owing	R		
The amount that we quo	bit request, I authorise Malcor Medical Scheme to deduct the agreed amount from my bank account. Date as owing to the Scheme can change because of late or outstanding claims the Scheme receives and pays. By gree that the Scheme may add this amount to the outstanding amount we quoted you and that you will settle the amount		
Signature of account hol	lder		
Signed at (town and city)	on $\left[\begin{smallmatrix} Y & Y & Y & M & M & D & D \end{smallmatrix}\right]$		
Signature of main memb	per		