Termination of membership form 2026

This form is to be completed by members who wish to advise the Fund of termination of membership.

Please note:
- One month's calendar notice period is required for membership termination (excluding PERSAL members – 60 days' notice period required)
- Positive savings will only be paid out/transferred after four (4) months from termination date, subject to the member confirming their banking details
- Depleting your allocated savings for the year, then terminating before the end of the same year, can result in you owing the Scheme due to overspent savings

Section 1: Details of main member

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title: _____   Surname: _____

First names: _____

Identity number: _____   Gender: M ☐ F ☐

Membership number: _____

Cellphone: _____

Email: _____

I hereby tender my resignation form to Bonitas Medical Fund effective from _____ DD/MM/YYYY

Please forward my membership certificate to _____

Section 2: Reason for termination

☐ Affordability (Contributions too high / Cannot afford)

☐ Benefits (insufficient benefits / cover / co-payments)

☐ Administration (service related / process related / lack of communication)

☐ Access to service providers

☐ Joining other scheme

☐ Emigration

☐ Retrenchment / Retirement

☐ Joining spouse's medical aid

☐ Resign from employer - compulsory scheme at new employer

☐ Other _____

Section 3: Employer information

This section must be completed by your employer and have your employer's stamp on it.

Name of company representative: **Seleena Govender**

Title of company representative: **HR REPRESENTATIVE**

Bonitas paypoint code: **BON040LAN**

Signature of employer representative: _____   Date: _____

LANCET LABORATORIES
P.O BOX 8475
JOHANNESBURG
2000

Section 4: Banking details

This account will be used to refund any savings due to the member.

Use this account for refunds

Bank name: _____

Branch code: _____

Branch name: _____

Name of account holder: _____

Account number: _____

Account type: _____

3rd party payer: YES ☐ NO ☐

Tax reference number: _____

Signature of member: _____   Date: _____

Version: 20 NOV 2025

BonCap & BonCore members: Email BoncapMembership@bonitas.co.za   Call: 0861 239 33
Members on all other options: Email retentions@bonitas.co.za   Call: 0860 002 108

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