



2024 CONTINUATION INCOME CONFIRMATION

www.wcmaas.co.za
wcmaas@wcmaas.co.za
 C/o Susanna St & OR Tambo Rd
 P O Box 26, Emalahleni (Witbank),
 1035

All Continuation and widow members are required to complete this form in full every year. Form can be sent back to us on membership@wcmaas.co.za no later than the 1st of March 2024 with proof of monthly income (bank statement or statement from pension fund).

Please complete all sections on the form

Membership Number

1. Personal information													
Identity / passport number:					Effective date of becoming a CAWM member:								
Employer from whom retired:													
Income tax reference number:													
Ethnic Group:	African		Asian		Coloured		Indian		White		Other		
2. Contact detail (Please confirm even if unchanged)													
Postal Address				Residential Address									
								Cell phone:					
								Tel: (H)					
								Next of kin:					
(Code)				(Code)				Tel (Next of kin):					
E-mail address:													
3. Income category (Please confirm even if unchanged)													
Monthly pension (before deductions):									Please attach proof of income				
Monthly salary (if still employed):													
Other income (Specify):													
Total income:													
4. Dependant details (Please confirm) !! Beneficiaries may not be registered on more than one medical aid at the same time!!													
	Names of dependants			Full identity number required					Physical address if different from principal member		Ethnic group	Contact number *	
1													
2													
3													
4													

5. Third party consent

If someone other than yourself will be attending to your affairs, kindly provide **their** details below. This also serves as your consent to allow WCMAS to provide such third party with your personal information on their request. Please attached an ID copy of nominated Third Party person with this form:

Full names:		Identity / passport number:	
Postal Address	Residential Address	Cell phone:	
		Tel: (H)	
		Tel: (W)	
		Fax:	
		E-mail address:	
(Code)	(Code)		

Member's Signature

Date