



ANGLO AMERICAN
CORPORATION
MEDICAL AID
SOCIETY

To Our Valued Member

Automated Credit Banking (ACB) Details

Please provide us with your banking details to facilitate direct deposit into your bank account for medical aid claim refunds by Anglo American Corporation Medical Aid Society, which funds are under our management.

BANKING DETAILS

Member's Name: (in full)	Membership Number	Name of Bank	Account Number	Branch Name	Branch Code

We would also request that you take note that we make payment runs twice a month, that is, around the 15th and 30th of each month.