



CONTINUATION INCOME CONFIRMATION

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All Continuation and widow members are required to complete this form in full every year. Form can be sent back to us on membership@wcmas.co.za no later than 30 April 2026 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