

**NB: Section 1 and Section 8 of this form are compulsory. Complete any other sections for relevant updates where applicable.** **2026**

**FOR OFFICE USE ONLY**

Broker / Brokerage

Broker Code

Leads Company (if applicable)

Leads Code (if applicable)

**Section 1: Personal Details (COMPULSORY FOR PRINCIPAL POLICYHOLDER TO COMPLETE)**

First Names (in full)

Surname

Existing TRA Policy Number  Existing TRA Option

Identity Number  Date of Birth

Passport Number (Only complete if you don't have a valid RSA ID number)

**Section 2: Personal Details Updates of Principal Policyholder (if applicable)  
(ONLY COMPLETE WHAT IS BEING UPDATED / CHANGED)**

Title       Other (please specify)

First Names (in full)  Initials

Surname

Date of Birth  Cell no.

Gender (main member)    Alt. Contact no.

Email Address

Postal Address

Employer

**NB: Attach new copy of ID if applicable. Attach proof of new address if applicable (for example, a utility bill, Telkom account, store account statement, bank statement with address, DSTV account, municipal letter, etc.).**

**Section 3: Medical Aid Scheme Updates (ONLY COMPLETE IF YOU HAVE CHANGED ANY MEDICAL AID DETAILS)**

New Med. Aid Membership Number  New Med. Aid Inception Date

New Med. Aid Benefit Option

**NB: Attach your new Medical Aid Membership Certificate.**

**Section 4: Dependant's Details Updates (ONLY COMPLETE IF YOU ARE ADDING A NEW DEPENDANT TO YOUR POLICY OR IF YOUR DEPENDANT'S DETAILS HAVE CHANGED)**

Full Name and Surname	Contact Number	Email Address	ID Number (Passport Number if no valid RSA ID number is available)	Sex (M/F/O)	Relationship to Main Member

Common Law partners need to provide an affidavit proving 12 months of cohabitation for membership to be considered.

**NB: Attach your new Medical Aid Membership Certificate showing the new or changed dependants above.**

**Section 5: Debit Order Details Updates (ONLY COMPLETE IF YOUR BANKING DETAILS FOR DEBIT ORDERS HAVE CHANGED)  
Person responsible for payment to complete**

Bank  Debit order date (including December)

Branch  Account Number

Branch Code  Account Holder

Type of Account     (please specify)

The abbreviated short name TOTALRISK GAPCOVERTRA is the reference that should appear on your bank statement. Any queries relating to your debit order can be made by calling 011 372 1540.

**NB: Attach your new Bank Statement.**

