

Health4Me Company application form

Important notes:

- Health4Me is not a medical aid product, and is not a substitute for medical scheme membership.
- Please note that the installation process and cover will only commence once all the required, fully completed and signed documents and data have been received by Momentum. **Please refer to the annexure on page 7 for the details of the supporting information and documentation required for the installation process.**
- Each employee covered under this policy must complete and submit a Health4Me employee application form before their membership cards will be issued, unless all the required employee/dependant information was provided to Momentum electronically via the employee membership schedule.
- If you select BDO (Bank Debit Order) as the preferred payment method in section 10 of this application form, please provide proof of the bank account details or a letter from the bank confirming the banking details. The document should not be older than three months.
- Please submit copies of the Company confirmation certificate (COR39) not older than three months.
- Please provide copy of ID or passport for the key contact person, additional contact person, billing contact person and all authorised signatories.
- Please email the completed form and supporting documents to **health4menewbusiness@momentum.co.za** and copy your sales consultant.

1: Product selection details

Membership type	<input type="checkbox"/> Compulsory	<input type="checkbox"/> Voluntary
Cover type	<input type="checkbox"/> Employee only	<input type="checkbox"/> Employee and family

Up to 5 benefit groupings can be selected. Please indicate the selected benefit groupings by making an X in the applicable box/boxes, to indicate which benefits you would like to include within each grouping.

Please also indicate your day-to-day benefit option (Bronze, Silver or Gold) and (if applicable), your major medical event benefit option (Base or Standard), per benefit group. Major medical event benefits are accident and emergency cover, hospital cash and maternity lump sum benefit and funeral benefit.

Benefit group	Day-to-day benefit	Day-to-day benefit option	Accident and emergency cover	Hospital cash and maternity lump sum benefit	Funeral benefit	Major medical event benefit option
Benefit group 1						
Benefit group 2						
Benefit group 3						
Benefit group 4						
Benefit group 5						

Do you want to add the GP visit booster benefit onto your day-to-day benefit option(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to add the Emergency booster benefit to your accident and emergency cover benefit option(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to add the More4Me benefit onto your day-to-day benefit option(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The More4Me benefit aims to incentivise members with monthly airtime, data or vouchers, based on their Healthy Heart Score.

Employer subsidy %	<input type="checkbox"/> 0%	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
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2: Employer details

Policy start date	<input type="text" value="D D M M Y Y Y Y"/>																																																						
Employer group name	<input type="text"/>																																																						
Existing Momentum medical scheme employer group number (if applicable)	<input type="text"/>																																																						
Legal entity (CC, Ltd, (Pty) Ltd, Trust, Association, etc.)	<input type="text"/>																																																						
Registration number	<input type="text"/>																																																						
Registration date	<input type="text" value="D D M M Y Y Y Y"/>																																																						
Nature of industry	<input type="text"/>																																																						
Geographical location	<table border="1"> <tr> <td>Eastern Cape</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> <td>Free State</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> <td>Gauteng</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> </tr> <tr> <td>Kwazulu Natal</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> <td>Limpopo</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> <td>Mpumalanga</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> </tr> <tr> <td>Northern Cape</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> <td>North West</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> <td>Western Cape</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>%</td> </tr> </table>	Eastern Cape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Free State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Gauteng	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Kwazulu Natal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Limpopo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Mpumalanga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Northern Cape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	North West	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	Western Cape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
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3: Key contact details

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ID/passport number	<input type="text"/>		
Passport country of origin	<input type="text"/>					
Date of birth	<input type="text"/>					
Work number	<input type="text"/>		Cell phone number	<input type="text"/>		
Email address (domicilium for legal documents)	<input type="text"/>					
Business physical address (domicilium for legal documents)	<input type="text"/>				Postal code	<input type="text"/>
Business postal address (if different)	<input type="text"/>				Postal code	<input type="text"/>
Position in company	<input type="text"/>					

4: Additional contact details

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ID/passport number	<input type="text"/>	
Passport country of origin	<input type="text"/>				
Date of birth	<input type="text"/>				
Email address (domicilium for legal documents)	<input type="text"/>				
Position in company	<input type="text"/>				

5: Billing contact details

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ID/passport number	<input type="text"/>	
Passport country of origin	<input type="text"/>				
Date of birth	<input type="text"/>				
Email address (domicilium for legal documents)	<input type="text"/>				
Position in company	<input type="text"/>				

6: Union representative details

Union name	<input type="text"/>				
Union representative name(s) and surname	<input type="text"/>				
Contact number	<input type="text"/>				
Email address	<input type="text"/>				
Designation	<input type="text"/>				

7: Financial adviser

Financial adviser name(s) and surname	Financial adviser's code	Adviser house code
<input type="text"/>	<input type="text"/>	<input type="text"/>
FSB license category	1.3 Long-term Insurance subcategory B1 and Category 1.1 Long-term Insurance A	
FSB license number	<input type="text"/>	
Signature of financial adviser	<input type="text"/>	Date <input type="text"/>

7: Financial adviser (continued)

The maximum commission percentage as per the Long-term Insurance Act is currently set at 20% of the full premium value. The employer and their financial adviser may negotiate and agree on a flexible level of maximum commission, subject to and in accordance with the provisions of the Long-term Insurance Act 52 of 1998. The financial adviser has a duty to inform the employer that the choice of the commission level will have a direct impact on the nature and structure of the premiums payable by the employer. Standard commission is calculated on the full premium value and is set at 10%.

Final commission percentage agreed to %

Commission structure required

Ongoing monthly commission	<input type="checkbox"/>
Combination of upfront commission and ongoing monthly commission	<input type="checkbox"/>

If a combination of upfront commission and ongoing monthly commission was selected, please specify commission percentage split required (combined total may not exceed 20%).

Upfront commission percentage agreed to (may not exceed 8.3%) %

Ongoing commission percentage agreed to (maximum 20%, less 8.3%) %

It is important to note, however, that irrespective of the final commission percentage selected, no commission shall exceed the maximum commission level specified in column two of the sliding scale, indicated in the table below, in terms of the full premium value (monthly premium band) per member per benefit:

Monthly premium band	Maximum commission level
> R1 200	5%
R601 – R1 200	10%
R300 – R600	15%
< R300	20%

Signature of authorised signatory	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of financial adviser	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

8: Employer web portal details

The employer web portal enables each employer to view and manage benefits on Health4Me. The employer will be able, amongst others, to add or remove members from benefit, do transfers of members between branches, draw member listings at any time during the month and close-off billing when convenient.

Do you want to register the key contact person to use the employer web portal? Yes No

Do you want to register the additional contact person to use the employer web portal? Yes No

Do you want to give access to your financial adviser to view and manage benefits on behalf of your employer group on the employer portal? If yes, please provide the information below for the web user. Yes No

Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
ID/passport number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Passport country of origin	<input type="text"/>				
Contact number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Email address	<input type="text"/>				

9: Employer communication details

Please indicate where you would like Momentum to email your Health4Me employer communication.

<input type="checkbox"/> Employer key contact	<input type="checkbox"/> Financial adviser	<input type="checkbox"/> Both
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10: Employer payment details

- Premiums are payable monthly in advance via BDO (Bank Debit Order) or EFT (Electronic Fund Transfer).
- Premiums are only payable via EFT provided that the employer group has more than 30 employees on benefit.
- Premiums paid via BDO are due on the 1st day of the month, if the 1st falls on a weekend or public holiday, the premium will be due on the first working day thereafter.
- Premiums paid via EFT are due on the 1st day of the month (premiums need to reflect in the Health4Me bank account on the 1st day of the month).
- Premiums paid via EFT need to state the policy number as the reference number.

10: Employer payment details (continued)

Preferred payment method	<input type="checkbox"/> BDO (Bank Debit Order)	<input type="checkbox"/> EFT (Electronic Fund Transfer)	
Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<input type="text"/>		
Account type	<input type="checkbox"/> Current/Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Branch code	<input type="text"/>	Branch name	<input type="text"/>

Authorisation for contribution collection

- Completion of this section is compulsory for all contribution payers.
- Momentum Health may debit the above bank account with the amount due under the policy in accordance with the Momentum Health debit order system.
- Momentum Health will debit the bank account for contributions on the 1st working day of every month.
- The abbreviated name registered with the bank, which will reflect on the bank statement, is Health4Me, followed by the policy number.
- The policy number will be issued upon activation of the policy.
- Momentum Health bills for contributions in advance/arrears.
- You may cancel this mandate and pay via other available methods within 30 days.
- If you cancel this mandate, you remain responsible to pay any amounts due in respect of the Health4Me contribution while it was in force.

Signatories for bank debit order

The employer authorises Momentum to deduct the monthly premiums due via BDO (Bank Debit Order) from the bank account indicated above.

Authorised signatory 1

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				

Signature of authorised signatory 1

Date

Authorised signatory 2

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				

Signature of authorised signatory 2

Date

11: Terms and conditions

- The employer is the policyholder in terms of the Momentum Health4Me policy/policies.
- Definition of earnings/salary: Total monthly cost to company income of the principal member as confirmed by the employer.
- The Momentum Health4Me policy/policies will be activated once we have received all the activation requirements.
- The Momentum Multiply programme will be activated once the Momentum Health4Me policy is activated.
- The policyholder will be required to provide at least one calendar month's notice to Momentum in writing via email, to a dedicated membership maintenance email address, should the policyholder wish to terminate their Health4Me policy/policies.
- The policyholder will be required to notify Momentum in writing via email, to a dedicated membership maintenance email address or by using the employer web portal notification function, of any membership movements (new or terminated employees, transfers, etc) by the 25th of each month.
- Contributions are payable monthly and the amount payable will vary (the amount due will reflect on the premium invoice).
- Momentum will suspend membership and benefit payments if contributions are not received by the 7th of each month and terminate the policy if no contributions have been received by the 15th of the following month. Terminated employers will need to follow the reinstatement criteria as detailed in the policy document(s).
- The Health4Me contributions are reviewed annually, and the new rates will be effective from 1 January of each year.
- The employer, employees and dependants of employees, consent to the recording of all conversations between Momentum Metropolitan Holdings Limited and a member and all information obtained through these conversations will form part of Momentum's records. The employer and members consent to all these records remaining the sole property of Momentum.
- The benefit details and further terms and conditions of Health4Me are contained in your policy document(s).
- The employer declares that the answers provided in this application are true and complete.
- The employer understands that if the employer's employees and dependants of employees are accepted as members of the Momentum products, the answers on this application will form the basis of the membership.
- The employer understands that it is their responsibility to ensure that the details provided in this application are true and complete for their employees and dependants of employees, even if this application was completed by any other third party on their behalf.

11: Terms and conditions (continued)

Employer web portal access

Access codes

The authorised user will be provided with login details (website link, user name and password). The login details should be treated as confidential. If the login details are shared with any other person or compromised, Momentum will not be held responsible for any unauthorised use.

Instructions

The authorised user is responsible for providing correct information and instructions when conducting transactions via the employer web portal and is required to hold all information viewed on the website as confidential. It is important to understand that all transactions and changes will automatically be updated after submission. Momentum will try to assist if the incorrect instruction was submitted, but we will not be held responsible for any loss or damage caused by the error. The employer will be liable for all actions taken by the authorised user(s).

Confirm contributions

This function will be used for the verification of the submitted data and the confirmation of contributions due for a specific month. By confirming the contributions, Momentum expects an electronic fund transfer (EFT) for the confirmed amount or to collect the authorised bank debit order (BDO) for the confirmed amount from the bank account that Momentum has been instructed to utilise for this purpose. An instruction will be deemed as received by Momentum, once Momentum has confirmed receipt.

Protection of personal information

Employee personal information is collected by the employer with the consent of the employees who have been duly informed of the purpose for which such information is being used.

12: Complementary products and benefits

Momentum Multiply

Please note that as a result of your Health4Me membership, the following product offering is provided to your employees and your employees' dependants at no charge and is mandatory to the Health4Me product:

- Membership of the Momentum Multiply Engage programme.

Therefore, as a result the following terms and conditions apply:

- 12.1 Multiply reserves the right to amend its rules and benefits unilaterally. A copy of the terms and conditions and rules can be obtained from multiply.co.za/engaged/terms-and-conditions or from the Multiply client contact centre on **0861 88 66 00**.
- 12.2 The employer undertakes to obtain the necessary consents from any of their employees and dependants of employees to whom these terms and conditions and rules may apply and hereby indemnifies Multiply against any claim which may arise as a result of the employer's failure to do so.
- 12.3 The employer understands that members will receive mandatory communication from Multiply as a legal requirement of their membership and that members are able to review and update their communication preferences by visiting the terms and conditions on the Multiply website.
- 12.4 If there are any complaints related to the product or services received, the employer understands that members should first refer the complaint to Multiply by calling **0861 88 66 00** or emailing multiply@momentum.co.za to resolve the complaint according to the internal complaints processes. If members are not satisfied with the outcome of the complaint, the employer understands that members may refer the complaint to the National Consumer Commission by calling **012 428 7000** or emailing complaints@thecc.org.za.

13: Protection of personal information and consent

Momentum Health, Momentum Metropolitan Life Limited, Multiply and Momentum Metropolitan Holdings, herein collectively referred to as "Momentum"; will keep the employer's, employees', and employees' dependants' personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing their personal information. Momentum requests your consent to collect, process and share your personal information for the purposes set out below. While your consent is voluntary, it is a requirement for membership of the Momentum products.

- 13.1 The employer authorises and gives consent to Momentum to collect, store, collate, process, and share employees' personal information and that of dependants of employees, for purposes of their Momentum membership and the administration thereof and for fraud prevention, monitoring, analytical reviews and statistical purposes.
- 13.2 The employer authorises and gives consent to Momentum to share employees' personal information, including health information and information regarding dependants of employees, with Momentum Health with whom employees and dependants of employees have a contractual relationship.
- 13.3 The employer acknowledges that the employer, employees and dependants of employees must give Momentum all information and supporting evidence that may be required from time to time. The employer authorises Momentum to obtain any information they may require concerning the employer, employees and dependants of employees, in relation to their Momentum membership from any person, including Momentum Health to which the employer, employees and dependants of employees, belong and its administrator. The employer consents to that person providing and instructs that person to provide Momentum with this information on request. The employer waives the provisions of any law or regulation that restricts the disclosure of this information.
- 13.4 The employer, employees and dependants of employees have the right to withdraw their consent to have their personal information processed provided that the lawfulness of the processing of their personal information before their withdrawal will not be affected.
- 13.5 The employer, employees and dependants of employees have the right to object on reasonable grounds relating to a particular situation, to the processing of their personal information unless processing is required by law.
- 13.6 The employer, employees and dependants of employees understand that should they fail to provide the personal information required or not be willing to agree to the processing of personal information, then Momentum will not be able to offer them the products or administer them.
- 13.7 The employer, employees and dependants of employees understand that they have the right to request their personal information, which is under the control of Momentum, provided that they furnish adequate identity and that a fee may be charged for this service.
- 13.8 The employer, employees and dependants of employees have the right to request Momentum, where necessary, to correct or delete personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or was obtained unlawfully.
- 13.9 The employer consents to Momentum Health and Momentum Metropolitan Life Limited sharing employees' and dependants of employees' personal information, including health information, with any entity (including an entity forming part of Momentum Metropolitan Holdings and its subsidiaries), with whom the employer, employees and employees' dependants have a contractual relationship, or have applied for a product or service from such entity. This personal information will be processed and used for further processing in order to administer the products or services.

13: Protection of personal information and consent (continued)

13.10 The full privacy policy can be accessed at momentumgroup.co.za/privacy-notice.

13.11 I declare that all personal information supplied to Momentum is accurate, up to date, not misleading and that it is complete in all respects and will be held and stored securely for the purpose for which it was collected, and that the employer will immediately advise Momentum of any changes to the personal information of their employees and dependants of employees should any of these details change.

14: Employer application acceptance

By signing this employer application form, I the employer, confirm that:

- I understand that Momentum Metropolitan Life Limited and Momentum Health (Pty) Ltd will come in possession of data and information of the applying organisation as well as its employees' personal and medical data as part of the process of managing claims. Identifiable data will be utilised with the sole purpose of managing healthcare benefits as specified in the Momentum Health4Me policy documents and related agreements.
- I have received the legally required consent from the relevant employees to share such data with the above parties and that the purpose of sharing the data was disclosed to the employees.
- The employee membership schedule provided to activate the Health4Me policy is an accurate reflection of the employees we wish to cover.
- I agree to notify Momentum of any changes to the employee membership schedule (new or terminated employees) and that these changes will be dealt with as part of the membership maintenance/monthly billing process.
- If a financial adviser has been appointed by the applying organisation in respect of the Health4Me policy, I authorise Momentum Metropolitan Life Limited and Momentum Health (Pty) Ltd to provide the appointed financial adviser with any information they may require concerning the applying organisation as well as its employees, in order to provide services in respect of the Health4Me product.
- The Health4Me product has been explained to me and I understand and accept all the terms and conditions of Health4Me as detailed in the sections above.
- I have the necessary authority to act on behalf of the employer insofar as it relates to the Health4Me product.

Signature of authorised signatory 1

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				
Please tick every benefit contract/policy that is selected	Medical expense account contract (applicable to employer funded contract only)	<input type="checkbox"/>			
	Day-to-day benefit policy	<input type="checkbox"/>			
	Accident and emergency cover policy	<input type="checkbox"/>			
	Hospital cash and maternity lump-sum benefit policy	<input type="checkbox"/>			
	Funeral benefit policy	<input type="checkbox"/>			
Signature	<input type="text"/>			Date	<input type="text"/>

Signature of authorised signatory 2

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				
Please tick every benefit contract/policy that is selected	Medical expense account contract (applicable to employer funded contract only)	<input type="checkbox"/>			
	Day-to-day benefit policy	<input type="checkbox"/>			
	Accident and emergency cover policy	<input type="checkbox"/>			
	Hospital cash and maternity lump-sum benefit policy	<input type="checkbox"/>			
	Funeral benefit policy	<input type="checkbox"/>			
Signature	<input type="text"/>			Date	<input type="text"/>

For office use only (sales consultant to complete this section)

Sales consultant name	<input type="text"/>				
Sales consultant surname	<input type="text"/>				
Sales team name	<input type="text"/>				
Migration group	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Information and documentation required

Sole proprietorship

- Certificate of Incorporation (CIPC registration document).
 - If the entity isn't registered with the CIPC, an affidavit or letter from the accountant stating that the individual operates the business under a trading name and confirming the business address and nature of the business.
 - Proof of business existence: Sole proprietor declaration form (from the bank or institution); a letter from SARS confirming sole proprietor status (if available) and latest bank account statement for the business (in the name of the individual)
 - Valid tax registration number
 - ID document
 - Proof of source of income
-

Partnership

- ID documents and proof of residential address for all partners
 - The first and last page of the partnership agreement
 - Resolution or mandate
 - Proof of source of income
-

Private company

- Certificate of Incorporation (CIPC registration document – COR14.3)
 - Memorandum of Incorporation (MOI)
 - Valid tax registration number
 - ID documents and proof of residential address for all directors
 - Confirmation of shareholding
 - Proof of source of income
-

Public company

- Certificate of Incorporation (CIPC registration document)
 - Memorandum of Incorporation (MOI)
 - Valid tax registration number
 - Confirmation of shareholding
 - ID documents for all directors
 - Confirmation of bank account details
 - Proof of source of income
-

Non-profit organisation (NPO)

- Certificate of registration issued by Department of Social Development under non-profit organisations
 - Founding document - Constitution or Memorandum of Incorporation (MOI)
 - ID documents and proof of residential address for the office bearers
 - Proof of source of income.
-

Closed corporation

- Certificate of Incorporation (CIPC registration document) listing all directors
 - ID documents and proof of residential address for all directors
 - Confirmation of bank account details
 - Proof of source of income
 - Resolution authorising a representative, signed by all members
-

Trust

- Trust deed
 - Letter of Authority from the Master of the High Court
 - ID documents for the trustees, beneficiaries and founders
 - Proof of residential address for the trustees and beneficiaries
-