

APPLICATION FOR ADMITTANCE AS A PARTICIPATING EMPLOYER WITH BESTMED MEDICAL SCHEME  
AANSOEK OM TOELATING AS 'N DEELNEMENDE WERKGEWER AAN BESTMED MEDIESE SKEMA



Better living. Better life.

1. NAME OF ORGANISATION / NAAM VAN ORGANISASIE

Name of organisation  
Naam van organisasie \_\_\_\_\_

2. APPLICANT INFORMATION / AANSOEKER INLIGTING

Postal address  
Posadres \_\_\_\_\_

Tel (w) \_\_\_\_\_

Fax  
Faks \_\_\_\_\_

Postal code  
Poskode \_\_\_\_\_

E-mail  
E-pos \_\_\_\_\_

Residential address  
Woon adres \_\_\_\_\_

Language preference  
Taal voorkeur

Postal code  
Poskode \_\_\_\_\_

Other  
Ander \_\_\_\_\_

3. CONTACT PERSON (GENERAL ADMINISTRATION) / KONTAKPERSOON (ALGEMENE ADMINISTRASIE)

Name & surname  
Naam & van \_\_\_\_\_

Tel (w) \_\_\_\_\_

Fax  
Faks \_\_\_\_\_

E-mail  
E-pos \_\_\_\_\_

Cell  
Sel \_\_\_\_\_

4. CONTACT PERSON (PAYMENT OF CONTRIBUTIONS) / KONTAKPERSOON (BETALING VAN BYDRAES)

Name & surname  
Naam & van \_\_\_\_\_

Tel (w) \_\_\_\_\_

Fax  
Faks \_\_\_\_\_

E-mail  
E-pos \_\_\_\_\_

Cell  
Sel \_\_\_\_\_

5. ADMINISTRATIVE INFORMATION / ADMINISTRATIEWE INLIGTING

5.1 From which date do you require medical cover?  
Van watter datum vereis u mediese dekking?

5.2 Name of the appointed brokerage  
Naam van aangestelde makelaar \_\_\_\_\_

Brokerage contact detail  
Makelaar kontakbesonderhede Tel \_\_\_\_\_ E-mail  
Tel \_\_\_\_\_ E-pos \_\_\_\_\_

Please attach a copy of the Broker's letter of appointment  
Heg asseblief 'n afskrif aan van die makelaar se aanstelling

Sanlam FA Code  
Sanlam FA Kode

Broker code  
Makelaarskode

5.3 Undertaking by employer for participation in Bestmed (Mark applicable blocks)  
Onderneming deur werkgewer vir deelname in Bestmed (Merk toepaslike blokke)

Beat1		Pace1		Pace4	
Beat2		Pace2		Pulse1	
Beat3		Pace3		Pulse2	

• Block A, Glenfield Office Park, 361 Oberon Avenue, Faerie Glen, Pretoria, 0081, RSA • PO Box 2297, Pretoria, 0001, RSA  
• Client service 086 000 2378 • Fax +27 (0)12 472 6500 • E-mail service@bestmed.co.za • www.bestmed.co.za • Reg no. 1252

Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP no. 44058)  
Application for Admittance as a Participating Employer with Bestmed Medical Scheme 2012/10/02 703041

5.4 Copy of Risk Underwriting decision  
Afskrif van Risiko Onderskrywing besluit

I  
Ek \_\_\_\_\_  
(initials & surname), as fully authorised official of  
(voorletters & van), as 'n gemagtigde beampte van \_\_\_\_\_  
hereby confirm that this organisation has changed to/joined  
Bestmed Medical Scheme as a participating employer with effect from  
verklaar hiermee dat hierdie organisasie verander het / aangesluit  
het by Bestmed Mediese Skema as 'n deelnemende werkgewer vanaf

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

5.5 Top management information  
Inligting van Top Bestuur

- A list with member details (including age) must be attached, also indicating those employees in top management.
- 'n Lys van lidbesonderhede (insluitende ouderdom) moet aangeheg word, wat werknemers in top bestuur aandui.

5.6 This organisation undertakes to comply with the following conditions for participation:  
Hierdie organisasie onderneem om te voldoen aan die volgende voorwaardes vir deelname:

- Membership of participating employer is compulsory for at least one year;
- Lidmaatskap van deelnemende werkgewer is verpligtend vir minstens een jaar;
- Membership of participating employer may be terminated at the end of a financial year only and not in the course of a financial year of the scheme by giving two month's written notice, which shall apply from the date on which the notice was received at the scheme;
- Lidmaatskap van deelnemende werkgewer mag slegs beëindig word aan die einde van 'n finansiële jaar en nie tydens die finansiële jaar van die skema deur twee maande skriftelike kennis nie, wat van toepassing sal wees van die datum waarop die kennisgewing deur die skema ontvang is.
- Application for the termination of the membership as participating employer shall be made in writing and shall reach the scheme not less than three months before the end of the scheme's financial year;
- Aansoek om die beëindiging van die lidmaatskap van deelnemende werkgewer sal skriftelik gemaak word en sal die skema nie later as drie maande voor die einde van die skema se finansiële jaar bereik nie;
- Contributions are payable monthly in advance / arrears as agreed upon and must together with the reconciliation report reach the scheme on or before the 3<sup>rd</sup> of the month; and
- Bydraes is maandeliks vooruit / agteruit betaalbaar soos ooreengekom en moet tesame met die rekonsiliasie verslag op of voor die 3<sup>de</sup> van elke maand die skema bereik; en
- The requirements for registration as a participating employer are 30 principal members.
- Die vereistes van registrasie as 'n deelnemende werkgewer is 30 hooflede.

## 6. PAYMENT OF CONTRIBUTIONS / BETALING VAN BYDRAES

How will contributions be paid?  
Hoe sal die bydraes betaal word?  Advance / Vooruit  Arrears / Terugwerkend

Method of payment  
Metode van betaling  EFT / EVO  Debit order / Debietorder

Subsidy applicable?  
Subsidie van toepassing?  Yes / Ja  No / Nee  If yes, please specify  
Indien ja, verklaar asseblief \_\_\_\_\_

\_\_\_\_\_  
Signature  
Handtekening

\_\_\_\_\_  
Capacity  
Hoedanigheid

\_\_\_\_\_  
Date  
Datum

## FOR OFFICE USE ONLY (APPROVED BY PRINCIPAL AND CHIEF EXECUTIVE OFFICER) SLEGS VIR KANTOORGEBRUIK (GOEDGEKEUR DEUR PRINSIPALE EN UITVOERENDE BESTUURDER)

\_\_\_\_\_  
Name  
Naam

\_\_\_\_\_  
Signature  
Handtekening

\_\_\_\_\_  
Date  
Datum

• Block A, Glenfield Office Park, 361 Oberon Avenue, Faerie Glen, Pretoria, 0081, RSA • PO Box 2297, Pretoria, 0001, RSA  
• Client service 086 000 2378 • Fax +27 (0)12 472 6500 • E-mail service@bestmed.co.za • www.bestmed.co.za • Reg no. 1252

Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP no. 44058)

# EMPLOYER GROUP DEBIT ORDER WERKGEWERGROEP DEBIETORDER

## 1. PARTICULARS OF EMPLOYER / WERKGEWER SE BESONDERHEDE

Company  
Maatskappy \_\_\_\_\_

Postal code  
Poskode \_\_\_\_\_

## 2. DETAILS OF EMPLOYER BANK ACCOUNT / WERKGEWER BANKBESONDERHEDE

Account holder  
Rekeninghouer \_\_\_\_\_

Branch name  
Taknaam \_\_\_\_\_

Bank \_\_\_\_\_

Account number  
Rekeningnommer

Branch number  
Takkode

Type of account  
Tipe rekening  Cheque / Tjek  Savings / Spaar

Day of debit order  
Dag van debietorder  20<sup>th</sup>/20<sup>ste</sup>  25<sup>th</sup>/25<sup>ste</sup>  1<sup>st</sup>/1<sup>ste</sup>

**\*Or the first working day there after**  
**\*Of die eerste werksdag daarna**

I/we hereby authorise Bestmed to draw against my/our account with the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R \_\_\_\_\_ on the first working day on or after the above mentioned dates, commencing on \_\_\_\_\_. I/we further authorise Bestmed to adjust the amount due as fees are amended from time to time. All such withdrawals from my/our account by Bestmed shall be treated as though they have been signed by me/us personally. I/we agree to pay bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving Bestmed 60 days' notice in writing, sent by prepaid registered post, provided that this may not be done within 12 calendar months without the written permission of Bestmed. Should there be a breach of this contract there is a possibility that the member will be held responsible for payments incurred. I/we understand that I/we shall not be entitled to any refunds of amounts which have been withdrawn while this authority was in force if such amounts were legally owing to Bestmed. I/we acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Ek/ons magtig hiermee Bestmed om geld te onttrek uit my/ons rekening by die bogenoemde bank (of enige bank of tak waarna ek/ons my/ons rekening oorplaas) ten bydrae van R \_\_\_\_\_ (op die eerste werksdag van bogemelde datum met ingang) \_\_\_\_\_. Ek/ons bemagtig Bestmed verder om die bedrag aan te pas soos wat die ledegelde van tyd tot tyd verander. Alle sodanige onttrekkings van my/ons rekening sal geag word asof deur my/ons persoonlike geteken. Ek/ons onderneem om bankkoste gekoppel aan hierdie debietorder te betaal. Ek/ons mag hierdie magtiging kanselleer deur Bestmed 60 dae skriftelik kennis te gee, op voorwaarde dat dit nie gedoen mag word binne 12 kalendermaande sonder skriftelike toestemming van Bestmed nie. Indien daar kontrakbreuk sou wees, bestaan die moontlikheid dat die lid aanspreeklik gehou sal word vir kostes aangegaan. Indien bydrae wettiglik verskuldig was aan Bestmed, verstaan ek/ons dat ek/ons nie geregtig sal wees op enige terug betaling van bydrae wat onttrek is terwyl hierdie magtiging van krag was nie. Ek/ons bevestig dat die onttrekking teen my/ons rekening nie deur die gemagtigde party gesedeer mag word en dat die gemagtigde party nie enige van sy regte mag oordra na 'n derde party sonder my/ons vooraf skriftelike toestemming nie en dat ek/ons nie enige verligtinge ingevolge hierdie kontrak/magtiging aan enige derde party deleger sonder vooraf skriftelike toestemming van die derde party nie.

Signature of principal member/Handtekening van hooflid \_\_\_\_\_

Signature of account holder/ Handtekening van rekeninghouer \_\_\_\_\_

Signed at  
Geteken te \_\_\_\_\_ on the  
op die \_\_\_\_\_ day of  
dag van \_\_\_\_\_ 20\_\_

Please note: Copy of bank statement to be attached.  
Nota: Afskrif 'n bankstaat moet aangeheg word.