

A. EMPLOYER DETAILS (Note: Please complete all sections in BLACK ink)

Employer Name

Registration No

Employer Contact Person

Telephone

Fax

Email

Postal Address

Code

Physical Address

Code

Nature of Business

B. GROUP LOGISTICS

Will all employees employed by your company have access to the HealthCard Y N

State the total number of employees actively employed by your company

State the total number of staff who will participate in the HealthCard

State how many regional offices your Company has

Where are your Regional Offices situated

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

C. HealthCard APPLICATION REQUIREMENTS

The Financial Intelligence Centre Act No 38 of 2001(FICA), was passed into law as part of the Reserve Bank's fight against money laundering and unlawful financial activities. HealthCard is therefore compelled by law to obtain the following documentation from the applicant before the HealthCard can be issued. As a group application the Employer may provide the following documentation to assist the application process.

- 1 Confirmation of Employee's working status and gross income
- 2 Copy of Employee's Identity Document
- 3 Originally signed Mercantile Terms & Conditions (To be supplied by a HealthCard representative)

D. BILLING METHOD

One bill for entire group OR One bill per branch

E. PAYMENT DETAILS

Payment method: Debit Order Electronic Transfer Cheque

I/We further agree to advise HealthCard in writing of any changes which may occur.

Authorised signatory(ies)

Designation

I/We agree that, if cheques are sent by mail, the Post Office becomes my/our agent and that I am/we are liable for the consequences of a late payment, or non receipt of payment by HealthCard

Authorised signatory(ies)

Designation

H. DECLARATION

- 1 As a participating employer we hereby apply for participation for our employees of HealthCard ("the HealthCard")
- 2 We warrant the correctness of the statements and information contained in this application and acknowledge that the correctness thereof and all other documents submitted now or in the future by any officer, member or intermediary of or on behalf of the employer.
- 3 We consent to our employees and their listed dependants participating in the contracts to which this proposal relates being called upon to submit such documentation and conditions as required by the HealthCard and Mercantile Bank Ltd, during the currency of the said contracts, addressing the such requests directly to our employees or their dependants, with the same legal consequences as if such requests have been addressed to us.
- 4 We acknowledge and accept that the HealthCard reserves the right to cancel the funding of the HealthCard if any contribution is not paid on due date.
- 5 We understand that the HealthCard assumes no liability for any employee until such time as the completed HealthCard application documentation is submitted, the HealthCard is issued and the first payment has been received.
- 6 We undertake to give the HealthCard immediate notice should any changes material to the assessment of this application occur prior to the date upon which the HealthCard grants the issue of the HealthCard.
- 7 HealthCard is a division of Resolution Health (Pty) Ltd

Signed at _____ on this _____ day of _____ 2007

Authorized signatory(ies)

Designation

I. INTERMEDIARY DETAILS

Full name of Intermediary

Brokerage Code

Name of Brokerage

Sub-Brokerage Code

Telephone Number

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Fax Number

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Email address

Signature of Intermediary

Documents on Company letterhead to be submitted with Employer application:

**List of employees who are partaking in facility confirming amounts due for payment
Confirmation of how cards are to be funded and who pays for the contributions**

Y	N
Y	N

