## **OLD MUTUAL INSURE APPLICATION FORM** (SHORTENED VERSION)



| 1. | 1. APPLICANT (PRINCIPAL MEMBER)  |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|----|----------------------------------|---------|----------|----------|------------------|----------|---------------|--------------------------|----------|----------|----------|---|--------|-----------|----------|----------|--------|------------------------------------|-----------|----------|----------|---------|-----------|---------|---|
|    | Title                            |         |          |          |                  |          |               |                          |          |          |          | ] B   | estme  | d join o  | late     |          |        | D                                  | D         | М        | М        | Υ       | Υ         | Υ       | Υ |
|    | First name                       |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | Middle name                      |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        | Initials                           |           |          |          |         |           |         |   |
|    | Surname                          |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | ID number                        |         |          |          |                  |          |               |                          |          |          |          |   |        | Dat       | te of bi | th       | D      | D                                  | М         | M        | Υ        | Υ       | Υ         | Υ       |   |
|    | Home language                    |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | Passport numbe                   | er      |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          | Ge      | ender     | M       | F |
|    | Country of issue (               | passpo  | ort)     |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | SARS tax numbe                   | er (SAF | S legis  | lative r | equire           | ment)    |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | Marital status                   |         | Unm      | arried   | Ma               | rried    |               | Date o                   | f marri  | age/div  | orce/    |   | D      | D         | М        | M        | Υ      | Υ                                  | Υ         | Υ        |          |         |           |         |   |
|    | Date of employment D D           |         |          | D        | М                | M        | Y Y Y Y       |                          |          | Υ        |          | Uni   | que nu | mber      |          |          |        |                                    |           |          |          |         |           |         |   |
| _  | 2. BENEFIT OPTION                |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | BEINEFII                         | UPI     | IUN      |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | Benefit option (                 | indica  | te with  | 1 'X')   |                  |          |               |                          |          |          |          | _   |        |           |          |          |        |                                    | _         |          |          |         |           |         |   |
|    | Beat1                            |         |          |          |                  |          | Beat1N        | (Netw                    | ork) †   |          |          |   | Pace1  |           |          |          |        |                                    |           |          | nythm1   |         |           |         |   |
|    | Beat2                            |         |          |          |                  | Beat2N   | (Netw         | ork) †                   |          | _        |          | Pace2   |        |           |          |          |        |                                    | Rh        | ythm2    | * ‡      |         |           |         |   |
|    | Beat3                            |         |          |          | Beat3N           | (Netw    | ork) †        |                          |          | Pace3    |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | Beat3 Plus                       |         |          |          |                  |          |               |                          |          |          |          | Pace4   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | Beat4                            |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | ncome bracket                    | if you  | are joi  | ning o   | n the F          | Rhythm   | 11 Optio      | on                       |          |          | Inc      | ome b   | racket | if you a  | re joir  | ning on  | the Rh | ythm2                              | Option    | n        |          |         |           |         |   |
|    | R O - R 9 C<br>monthly           |         | R        |          | - R 14<br>onthly | 000      |               | R 14 (<br>and at<br>mont | oove     |          |          | R 0 - R 5 500 R 5 501 - R 8 50<br>monthly monthly |        |           |          |          |        | 00 R 8 501<br>and above<br>monthly |           |          |          |         |           |         |   |
|    | * Provide <b>proof</b> (         | of inco | me (3    | month:   | s' pays          | lips or  | l<br>bank sta |                          |          | t older  | than 3   | montl   | ns).   |           |          |          |        |                                    |           |          | • 1      |         |           |         |   |
| +  | Please note th                   | at you  | will be  | regist   | ered or          | n the hi | ghest b       | racket,                  | pendir   | ng proo  | f of inc | ome.  |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | Members on a                     |         |          |          |                  |          |               |                          |          |          |          |   |        |           | ptions   | you ac   | knowl  | edge a                             | nd agre   | ee to ti | ne follo | wing c  | onditio   | ns:     |   |
|    | 1. I am limited                  | to a h  | ospital  | netwo    | rk and           | desigr   | nated se      | ervice p                 | rovide   | rs as de | etermii  | ned by  | the Sc | heme.     |          |          |        |                                    |           |          |          |         |           |         |   |
|    | 2. I am aware                    | of the  | locatio  | n of th  | e near           | est abo  | ve-mer        | ntioned                  | l netwo  | ork hos  | pital pi | rovider   | s.     |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | 3. If I willingly                | do not  | make     | use of   | the afo          | oresaid  | netwo         | rk prov                  | iders, I | am aw    | are an   | d agree   | e that | will be   | held li  | able for | а со-р | aymen                              | it in ter | ms of    | the Sch  | eme R   | ules.     |         |   |
|    | 4. I am aware f                  | hat th  | nis is a | unique   | benefi           | it optio | n and th      | nat I m                  | ay not,  | in tern  | ns of th | ne Sche   | eme Ri | ıles, cha | ange fr  | om a B   | eatN o | otion to                           | o a star  | ndard E  | Beat op  | tion du | iring the | e year. |   |
| +  |                                  |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
| ‡  | Members on a<br>that your option |         |          |          |                  |          | the co        | ntract                   | ed Rhy   | thm de   | esignat  | ed ser  | vice p | ovider    | netwo    | rk. By s | electi | ig a Rh                            | ythm o    | ption    | you ac   | knowle  | edge an   | d agre  | e |
|    | 1. GP network                    |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | 2. Specialist ne                 | twork   | (Refer   | ral req  | uired f          | rom ne   | twork (       | GP)                      |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    | 3. Hospital net                  | work    |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |
|    |                                  |         |          |          |                  |          |               |                          |          |          |          |   |        |           |          |          |        |                                    |           |          |          |         |           |         |   |

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## 3. HEALTHCARE ADVISOR DECLARATION

1. I declare that I am an accredited Bestmed healthcare advisor, I am a registered advisor in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 to sell Health Service Benefits, and an accredited broker in terms of Section 65 of the Medical Schemes Act. 2. I accept that the applicant has appointed me as his/her healthcare advisor and that he/she is entitled to terminate my services at his/her will. 3. I confirm that the applicant was given my personal details, including my physical and postal address, and contact number. 4. I acknowledge that in terms of Act 131 of 1998 in the Medical Schemes Act (or as amended), a monthly statutory commission will be paid out to me up to a maximum amount as set by the Medical Schemes Act. 5. I declare that there has been no misrepresentation of any fact by me and that, in the event of material or unlawful conduct, I will be responsible for refunding all monies paid in effect of such misrepresentation or conduct. 6. I declare that the applicant is familiar with the information required in the application form and he/she has provided all the correct information. 7. I declare that the advice and support given to the applicant was unbiased and in his/her best interest. 8. I declare that the applicant has personally signed this application form. 9. I am aware of the submission cut-off date for new registrations. 4. SUMMARY OF MONTHLY COST Failure to complete the below section in full will result in unsuccessful broker commission payments **TOTAL MONTHLY PREMIUM** R Healthcare advisor name Healthcare advisor code Date D M Μ Healthcare advisor signature 5. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER) Email address Telephone number (w) Fax number Cellphone Telephone number (h) number No Is your home address the same as your postal address? Yes Physical address details Address Street Suburb Town/city Postal code Postal address details (Domicilium citandi et executandi) Address Street Suburb

Please download the Bestmed App for access to your digital membership card on date of registration, and look out for an SMS with a link after registration has been completed.

Postal code

Town/city

| I declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signed by me  Signature of principal member  CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  I. (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5.  | 5. YO                      | S. YOUR BANKING DETAILS                        |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
|--|----------------------------|--|------------|---------|-----------------|----------|-------|---------|----------|-----------|---------|-----------|----------|----------------|----------|------------|--------|-------------|----------|----------|------------|----------|-----------|----------|---------|------|---|---|
| Bareh Code  Type of account Cheque/current Sovings Account number  If account holder differs from principal member, please confirm account holder is floring principal member, please confirm account holder if different from applicant  Signature of account holder iff different from applicant  It (principal member name and surname) declare that I have established a partnership with  (principal member name and surname) declare that I have established a partnership with  It declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signature of principal member  Signature of principal member  Signature of principal member  On this day of month y y y y  (principal member name and surname) declare that [all children where surname differs to the principal member) is my/my spouse/my partner(b biological child.  1. 2. 3. 4. 6. 5.  | CLAI                       | CLAIMS REFUND BANKING DETAILS                  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| Type of account  | Bank                       |  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| Name of the account holder differs from principal member, phase confirm account holder differs from applicant  Signature of principal member name and surname) declare that I have established a partnership with  [vour partner/flanch/common-law spouse name and sumame) and that we have been living together since  [vour partner/flanch/common-law spouse name and sumame) and that we have been living together since  [declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signature of principal member  Signature of principal member  CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  [contropal member name and sumame] declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  [contropal member name and sumame] declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.   | Brand                      | th   |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          | E        | Branch (   | code     |           |          |         |      |   |   |
| If account holder differs from principal member, please confirm account holder's ID number    Signature of applicant   Signature of account holder (if different from applicant)   | Туре                       | Type of account Cheque/current Savings Account |            |         |                 |          |       |         |          |           |         | ınt nuı   | mber     |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| If account holder differs from principal member, please confirm account holder's ID number    Signature of applicant   Signature of account holder (if different from applicant)   | Name of the account holder |  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| Signature of applicant  Signature of applicant  Signature of account holder (if different from applicant)  PARTNERSHIP DECLARATION  Only to be completed if you are registering a partner/flancé/common-law spouse with a surname that is different to that of the main member.  I, (principal member name and surname) declare that I have established a partnership with  I declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signed by me on this day of month y y y y  Signature of principal member  S. CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  I, (principal member name and surname) declare that (all children where surname's differs to principal member is my/my spouse/my partner(s) biological child.  1. (principal member name and surname) declare that (all children where surname's differs to principal member is my/my spouse/my partner(s) biological child.  1. (principal member name and surname) declare that (all children where surname's differs to principal member is my/my spouse/my partner(s) biological child.  1. (principal member name and surname) declare that (all children where surname's differs to principal member is my/my spouse/my partner(s) biological child.  1. (principal member name and surname) declare that (all children where surname's differs to principal member is my/my spouse/my partner(s) biological child. |                            |  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| PARTNERSHIP DECLARATION  Only to be completed if you are registering a partner/fiancé/common-law spouse with a surname that is different to that of the main member.  I, (principal member name and surname) declare that I have established a partnership with  (your partner/fiancé/common-law spouse name and surname) and that we have been living together since    D   |                            |  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| PARTNERSHIP DECLARATION  Only to be completed if you are registering a partner/flance/common-law spouse with a surname that is different to that of the main member.  I. (principal member name and surname) declare that I have established a partnership with  (your partner/flance/common-law spouse name and surname) and that we have been living together since  (your partner/flance/common-law spouse name and surname) and that we have been living together since  (p  |                            |  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| Only to be completed if you are registering a partner/flance/common-law spouse with a surname that is different to that of the main member.  I. (principal member name and surname) declare that I have established a partnership with  (your partner/fiance/common-law spouse name and surname) and that we have been living together since  D D M M Y Y Y  I declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signature of principal member  3. CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  I. (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.  | Signa                      | L<br>Signature of applicant                    |            |         |                 |          |       |         |          |           |         |           |          |                |          |            | Sig    | nature o    | of accou | ınt holo | der (if di | fferent  | from a    | pplicant | t)      |      |   |   |
| Only to be completed if you are registering a partner/flance/common-law spouse with a surname that is different to that of the main member.  I. (principal member name and surname) declare that I have established a partnership with  (your partner/fiance/common-law spouse name and surname) and that we have been living together since  D D M M Y Y Y  I declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signature of principal member  3. CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  I. (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.  | 7 DA                       | PARTNERSHIP DECLARATION                        |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| I, (principal member name and surname) declare that I have established a partnership with  (your partner/fiance/common-law spouse name and surname) and that we have been living together since  D D M M Y Y Y  Ideclare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signature of principal member  CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5.  |                            |  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| (your partner/fiancé/common-law spouse name and surname) and that we have been living together since    D   D   M   M   Y   Y   Y  |                            | to be  | comp       | neted   | ıı you i        | are reg  | siste | ning a  | partne   | i/iiano   | .e/com  | IIIION-I  | iaw S    | Jouse W        | iui a Si | urname     | : uiat | is uitter   | ent to   | LIIAC OT | uie ma     | aiii mei | inber.    |          |         |      |   |   |
| [your partner/fiancé/common-law spouse name and surname) and that we have been living together since    D D M M Y Y Y   Y  |                            | princir  | l<br>oal m | embe    | r name          | and s    | urna  | ame) de | eclare t | that I h  | ave es  | tablish   | ned a    | partner        | hip wi   | <br>th     |        |             |          |          |            |          |           |          |         |      |   |   |
| I declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signed by me  On this  Only to be completed if you are registering a child where the surname differs to the principal member  I, (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 3. 4. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.  | •                          |  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| I declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership.  Signature of principal member  CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  I, (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 3. 4. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.   |                            |  |            |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| Signature of principal member  CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  I, (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 4. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.  | ,                          | youi p   | iai ti ii  | ei/iiai | ice/cor         | IIIIIOII | -iavv | spous   | епапп    | e anu s   | uman    | ie) ai iu | lliat    | wenave         | Deen     | iiviiig ti | ugetii | er since    |          |          | D          | D        | M         | M        | Υ       | Υ    | Υ | Υ |
| Signature of principal member  S. CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  I. (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.  | I de                       | clare t  | that v     | ve inte | end to          | contin   | ue li | ving to | gether   | indefi    | nitely, | and I u   | ındert   | ake to i       | nform    | Bestme     | ed wit | hin 30 d    | lays in  | the eve  | ent of t   | ermina   | ition of  | this pa  | artners | hip. |   |   |
| Signature of principal member  S. CHILD DECLARATION  Only to be completed if you are registering a child where the surname differs to the principal member  I. (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.  |                            |  |            |         |                 |          |       |         |          |           |         |           |          |                | _        |            |        |             |          |          |            |          |           |          |         |      |   |   |
| Only to be completed if you are registering a child where the surname differs to the principal member  I, (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5.  | Signe                      | d by m   | ne         |         |                 |          |       |         |          |           |         |           |          | on this day of |          |            |        |             |          |          |            | montl    | h         | Υ        | Υ       | Υ    | Υ |   |
| Only to be completed if you are registering a child where the surname differs to the principal member  I, (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5. 5.   |                            |  |            | Signa   | ture of         | princi   | pal r | nembe   |          |           |         |           |          |                | L        |            |        |             |          |          |            |          |           |          |         |      | l |   |
| Only to be completed if you are registering a child where the surname differs to the principal member  I,  | CL                         | шъ   | DE         |         |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| I, (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1. 2. 3. 4. 5.   |                            |  |            |         |                 |          |       |         |          |           |         |           | 11.00    |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| (principal member name and surname) declare that (all children where surname's differs to principal member) is my/my spouse/my partner(s) biological child.  1.  |                            | to be  | com        | reted   | ır you          | are re   | gist  | ering a | cniid    | wnere     | tne su  | irname    | e aiffe  | ers to th      | e princ  | ipai m     | embe   | r<br>       | 1        |          | <u> </u>   | 1        | 1         |          |         |      |   |   |
| 1. 2. 3. 4. 5. Signed by mo.   |                            | inal m   | nemb       | or nar  | ne and          | surna    | ıme)  | doclar  | o that   | (all chil | dron w  | uhoro s   | surnai   | ma's dif       | fors to  | princip    | al mo  | mhar) is    | mv/m     | v snou   | sa/mv      | nartne   | r(s) hin  | logical  | child   |      |   |   |
| 2. 3. 4. 5.  | (hi ii i                   | par II   | T          | - Hal   | ιι <b>ς</b> απα | Juilld   | 1     | ucual   | c uiat   | tan CIII  | arcii V | viicie S  | Juiridi  | inc a uii      | 1        | Princip    | 1      | מו ( ושטויו | y/111    | y JPUU   | Jerniy     | pai tile | 0ان رد، . | ogical   | crinu.  |      |   |   |
| 3. 4. 5. Signed by ma  | 1.                         |  |            | _       |                 |          |       |         |          |           |         |           |          |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
| 4. 5. Signed by ma   | 2.                         |  |            | _       |                 |          |       |         |          |           |         |           |          |                | _        | -          |        |             |          |          |            |          |           |          |         |      |   |   |
| 5. Signed by me  |                            |  |            | +       | +               |          |       |         |          |           |         |           | -        |                | -        | -          |        |             |          |          |            |          |           |          |         |      |   |   |
| Signed by me   |                            |  |            | +       |                 |          |       |         |          |           |         |           | -        |                | -        |            |        |             |          |          |            |          |           |          |         |      |   |   |
| Signed by me on this day of month Y Y Y  | 5.                         |  |            |         |                 |          |       |         |          |           |         |           | <u> </u> |                |          |            |        |             |          |          |            |          |           |          |         |      |   |   |
|  | Signed by me               |  |            |         |                 |          |       | on t    | nis      |           |         | day of    |          |                |          | montl      | h      | Υ           | Y        | Υ        | Υ          |          |           |          |         |      |   |   |

Signature of principal member

 $<sup>\</sup>ensuremath{^{*}}$  The Scheme Rules will determine admission and the applicable rates.

## 1. Dependant details First name Surname ID number (passport number for non-SA citizens) Gender M Country of issue (passport) Date of birth D D Μ Υ Υ SARS tax number Relationship to Dependant contact number principal member: Email address The provision of contact information for your dependant/s 18 years and older will allow Bestmed to communicate personal information related to the applicable dependant/s directly to them, in line with the POPI Act. 2. Dependant details First name Surname Gender ID number (passport number for non-SA citizens) Date of birth Country of issue (passport) D Μ SARS tax number Relationship to Dependant contact number principal member: Email address The provision of contact information for your dependant/s 18 years and older will allow Bestmed to communicate personal information related to the applicable dependant/s directly to them, in line with the POPI Act. 3. Dependant details First name Surname ID number (passport number for non-SA citizens) Gender M D Country of issue (passport) Date of birth D M M Υ Υ Υ Υ SARS tax number Relationship to Dependant contact number principal member: Email address The provision of contact information for your dependant/s 18 years and older will allow Bestmed to communicate personal information related to the applicable dependant/s directly to them, in line with the POPI Act. 4. Dependant details First name M ID number (passport number for non-SA citizens) Gender D Country of issue (passport) Date of birth D M M SARS tax number Relationship to Dependant contact number principal member: Email address

The provision of contact information for your dependant/s 18 years and older will allow Bestmed to communicate personal information related to the applicable dependant/s directly to them, in line with the POPI Act.

9. DEPENDANTS TO BE ADDED

## **10. CONSENT PROVISIONS BY APPLICANT**

- 1. I hereby expressly make the following acknowledgements in respect of Bestmed's processing of my Personal Information and/or Special Personal Information and/or that of my dependants/child(ren)/spouse(s) ("collectively referred to as "Personal Information"), as defined in terms of the Protection of Personal Information Act, 4 of 2013 (POPIA):
  - 1.1 That I have read and understood the provisions of Bestmed's Data Protection and Privacy Policy, thereby fully appreciating the manner in which Bestmed may process my Personal Information and for which purpose(s) Bestmed may process such Personal Information.
  - 1.2 That through submitting this application, I may be providing Bestmed with the Personal Information of my spouse(s), children and/or other dependant third parties.
  - 1.3 That by engaging with Bestmed through any physical and/or electronic means, Bestmed will in effect be processing the Personal Information provided by me from time to time.
  - 1.4 That Bestmed may from time to time, depending on the circumstances, collect my Personal Information from another source other than myself.
  - 1.5 That I fully appreciate that Bestmed places a high premium on my privacy and/or that of my dependants, spouse(s) and/or children.
  - 1.6 That I have read and understood the undertakings made by Bestmed in its Data Protection and Privacy Policy to the effect that it will ensure that any and all of my Personal Information and/or that of my dependants/child(ren)/spouse(s) shall be processed with a reasonable standard of care as may be expected from Bestmed.
  - 1.7 That I fully appreciate that Bestmed will only process my Personal Information and/or that of my dependants/child(ren)/spouse(s) in a manner consistent with the provisions of its Data Protection and Privacy Policy, as well as for the purpose(s) set forth therein.
  - 1.8 That, in accordance with the provisions of Section 18 of POPIA, I have been provided with adequate notification of the processing of my Personal Information by Bestmed, the scope and purpose(s) for such processing, as well as my rights to object to such processing should I elect to do so.
  - 1.9 That I acknowledge that the processing of my Personal Information is a mandatory requirement for the existence of a valid medical aid.
- In light of the above acknowledgements, and in accordance with the requirements set forth in Section 11 of POPIA, I hereby provide my specific and informed consent to
  Bestmed for the processing of my Personal Information and/or that of my dependants/child(ren)/spouse(s), for any purpose(s) legitimately connected or related to my
  application for membership, which purpose(s) may include, but not be limited to the following:
  - 2.1 To provide or manage any information, products and/or services requested by me pursuant to my application for membership.
  - 2.2 To establish my needs, requirements and preferences in relation to the products and/or services provided by the Bestmed.
  - 2.3 To facilitate the delivery of products and/or services to me as a member of Bestmed.
  - 2.4 To administer my claims and premiums.
  - 2.5 To activate my medical aid and/or prescribed benefits.
  - 2.6 To allocate a unique identifier to me for the purpose of securely storing, retaining, and recalling my Personal Information from time to time, including after my membership is terminated.
  - 2.7 For general administration purposes pertaining to my membership.
  - 2.8 For legal and/or contractual purposes and to enable Bestmed to comply with its contractual obligations towards me.
  - 2.9 To transact with suppliers and business partners, including healthcare service providers, managed facilities, network hospitals, pharmacies and relevant regulatory authorities to facilitate the delivery of products and/or services to me.
  - 2.10 To provide me with health and wellness information throughout the subsistence of my membership.
  - 2.11 To transact with third parties and transfer my Personal Information to such third parties for the purpose of enabling Bestmed to fulfil its contractual obligations
  - 2.12 To analyse my Personal Information collected for research and statistical purposes.
  - 2.13 To transfer my Personal Information across the borders of South Africa to other jurisdictions should it be required in the legitimate pursuit of Bestmed's business requirements.
  - 2.14 To carry out analysis and profiling of my membership profile.
- 3. In as far as I provide Bestmed with the Personal Information of any third party, including my spouse(s), children or other dependants, I hereby warrant that I have acquired the consent of such third party to do so and in the event of that individual being a child, I do so in my capacity as a "competent person" in respect of such Personal Information, as contemplated in terms of the provisions of POPIA.

Accordingly, I hereby indemnify and hold Bestmed harmless against any claims of whatever nature that may arise as a result of the processing of any Personal Information as provided by myself, for purposes of my membership with Bestmed.

4. Bestmed may identify other products and services which might be of interest to me, as well as to inform me of such products and/or services.

| Yes          | No  |
|--------------|-----|
|              |     |
|              |     |
| Signature of | !:+ |

| 11. STATEME  | INT OF    | APPL | CANT |   |  |  |  |  |  |        |    |  |   |       |  |     |    |   |   |   |     |
|--|-----------|------|------|---|--|--|--|--|--|--------|----|--|---|-------|--|-----|----|---|---|---|-----|
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| l,   |           |      |      |   |  |  |  |  |  |        |    |  |   |       |  |     |    |   |   |   |     |
| hereby declare that by signing and submitting this application form, I agree to the terms and conditions of Bestmeds membership registration and adhere to the |           |      |      |   |  |  |  |  |  |        |    |  |   |       |  |     |    |   |   |   |     |
| rules and regulations of Bestmed Medical Scheme.   |           |      |      |   |  |  |  |  |  |        |    |  |   |       |  |     |    |   |   |   |     |
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| Signature of app   | licant    |      |      |   |  |  |  |  |  |        |    |  |   |       |  |     |    |   |   |   |     |
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| Signed at  |           |      |      |   |  |  |  |  |  | on thi | is |  | d | ay of |  | mon | th | Υ | Υ | Υ | Υ   |
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