

Application Process

SA Primary Medical Financial Co-operative Limited ("MediCoop") is owned by its members through membership shares and may in terms of its constitution only transact and provide services and products to its members. Membership is limited to healthcare professionals, healthcare workers and medical industry stakeholders.

Option 1: Complete the Application to Open Savings Account form and return to applications@medi.coop

Should you wish to apply for membership, the following are the minimum requirements:

- Only individuals or legal entities that are South African citizens/entities and involved in the healthcare industry may apply.
- A copy of **Identity Document** or **Company Registration Certificate** together with **Proof of Address, Proof of Registration with Professional Body** and **Confirmation of Bank Account** needs to be submitted together with the membership application form.
- Pay joining fee and minimum shares subscription via EFT.
[R200 Joining fee + R1,000 minimum shares subscription (1,000 shares at R1.00 per share)].

MediCoop CFI Banking Details

Name of Account: **MEDICOOP** | Name of Bank: **Rand Merchant Bank (RMB)** | Branch Name: **Willowbridge** | Branch Code: **260505**
Account Number: **62641697505** | Swift Code: **FIRNZAJJ** | Payment Reference: **ID Number or Business Registration Number**

Application Type

SA Citizen / Entity	Yes	No	Apply As	Individual	Business	Business Type	Sole Prop	Incorporate	Pty (Ltd)	Other
---------------------	-----	----	----------	------------	----------	---------------	-----------	-------------	-----------	-------

Individual or Business Information

ID Number					Business Reg. Number	If applying through the business				
Title					Initials					
Full Names										
Surname										
Nickname										
Cell phone					Telephone					
Email										
Marital Status	Single	Married	Divorced	Widowed	Gender	Male		Female		
Race (This question is only for the purpose of reporting statistics to the governing body)					African	Coloured	Indian	White	Other	
Physical Address	Complex / Street Number				Suburb					
City/Town					Postal Code					
Postal Address	Box / Street Number				Suburb					
City/Town					Postal Code					
Work Address	Complex / Street Number				Suburb					
City/Town					Postal Code					



Professional Body Information

HPCSA Number		Practice (BHF) Number	
Other Association Membership Number		Specify Professional Body or Association	
Employer / Place of Work		Employer Contact Number	

Primary Account Information

Name of Bank		Branch Name	
Branch Code		Account Number	
Account Type		Date Opened	

Business Information

Nature of Business	If a business account is to be opened	Date Established	
Auditor		Contact Number	
Business Short-Term Insurer		Contact Number	
Medical Malpractice Insurer		Contact Number	

Company / Business Shareholding

Full Name	ID Number	% Share	Residential Address
1)			
2)			
3)			

Type of Savings Account

Account Type	Current Account	Notice Deposit	Fixed Deposit	Account Held By	Individual	Business	Trust / Administrator	Other
Investment Period	Immediate access or period of investment			Amount to be Invested	Provide in Rand Value			
Other Investment Requirements								

Terms and Consent

- I/we declare that to the best of my/our knowledge and belief, the particulars set out in this application are true and correct, and that no additional or relevant information was withheld.
- I/we give consent to the process of personal information and allow SA Primary Medical Financial Co-Operative Limited ("MediCoop CFI") to communicate with/contact me regarding membership information, the affairs of MediCoop CFI, its products and services available to members in terms of the Protection of Personal Information Act 4 of 2013. I/we agree that MediCoop CFI can use your photograph(s) to check your identity and FICA information from the Department of Home Affairs (DHA) and at any other party to confirm any aspect or details of this application. I/we agree to the terms and conditions. (https://www.medi.coop/uploads/MediCoop_Terms-and-Conditions.pdf)

Full Name(s)		Capacity	
Signature	<input checked="" type="checkbox"/> Duly authorised hereto	Date	

