

## 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 Equipment/Practice Application form and return to [applications@medi.coop](mailto:applications@medi.coop)

Should you wish to apply, the following minimum documentation is required and to be submitted with the Application:

- A copy of **Identity Document** or **Company Registration Certificates** together with **Proof of Address, Proof of Registration with Professional Body, Confirmation of Bank Account, Business Letterhead, 3 Months Bank Statements, Audited Financials** (if available), and **Quotation of Equipment or Value of Finance Required**.
- Once the application has been assessed, MediCoop could request additional documentation to be presented for a final verdict/outcome.
- Only individuals or legal entities that are South African citizens/entities and involved in the healthcare industry may apply.

## 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				
Business Name	If applying through the business				VAT Number					
Title					Initials					
Full Names										
Surname										
Nickname										
Cell phone					Telephone					
Email										
Marital Status	Single	Married ANC or COP	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		Date Established	
Latest Financials Available (Year)		Financial Year End Month	
Period Under Current Management		Annual Turnover or Net Asset Value	Provide in Rand Value
Auditor		Contact Number	
Business Short-Term Insurer		Contact Number	
Medical Malpractice Insurer		Contact Number	
Trade References	1) 2) 3) 4)	Contact Number(s)	1) 2) 3) 4)

Company / Business Shareholding			
Full Name	ID Number	% Share	Residential Address
1)			
2)			
3)			
4)			
5)			



### New Equipment / Practice Specific Requirements

Description of Equipment or Practice Requirements							
Make of Equipment					Model Number		
Dealer / Supplier Name					Contact Number		
Year Model	New	Used	Year Model	Finance Period	Months or Years	Finance Value	Rand Value (Incl. VAT)
Installation Address	Address where equipment will be required / installed						
City/Town					Postal Code		
Special Instructions							

### Pre-Screening Questions

I confirm that:	Yes	No
I am not a minor.		
I am not subject to an administration order.		
I do not have any current application pending for debt restructuring or alleviation.		
I do not have any current debt re-arrangement in existence.		
I have not previously applied for a debt-re-arrangement.		
I am not under sequestration.		
I do not have applications pending for credit, nor open quotations as envisaged in section 02 of the National Credit Act.		
I have never been declared mentally unfit by court.		
Certain product and services in the MediCoop marketing material and brochures are provided through MediCoop's alliance partners. I consent to MediCoop CFI sharing my personal information within the group (including alliance partners, affiliates, associates, subsidiaries and divisions) for marketing purposes and the group then marketing its products and services to me.		

### Terms and Consent

I/We, the applicant(s) and the signatory(ies) hereof in my/our personal capacities, hereby:

1. 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.
2. 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.
3. I/we consent to MediCoop CFI (including affiliates, associates, subsidiaries and divisions) or its cessionary making enquiries about my/our credit record with any credit reference agency and any other party to confirm the details on this application. MediCoop CFI or its cessionary may also provide credit reference agencies and any other party with regular updates regarding how I/we manage my/our account, including my/our failure to meet agreed terms and conditions. I/we consent that credit reference agencies may, in turn, make the records and details available to other credit grantors. MediCoop CFI or its cessionary may also give this information to any person who in its opinion, needs it to carry out any of MediCoop CFI or its cessionary's rights or duties in terms of the contract or any law pertaining to the products I/we have requested.
4. I/we hereby give MediCoop CFI or its cessionary permission to carry out identity and fraud prevention checks on me/us and to share the information provided in this application with the South African Fraud Prevention Service.
5. I/we certify that the above details are true and correct.
6. I/we agree to the terms and conditions. ([https://www.medi.coop/uploads/MediCoop\\_Terms-and-Conditions.pdf](https://www.medi.coop/uploads/MediCoop_Terms-and-Conditions.pdf))

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

