



Email Address:  
(other notifications)

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Telephone Number (W):

C	O	D	E																	
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Telephone Number (H):

C	O	D	E																	
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Cell Number:

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Fax Number:

C	O	D	E																	
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**SECTION E**

**BANK DETAILS**

I, \_\_\_\_\_ (account holder's full name), declare that:

- a) I am the account holder of the bank details provided and I hereby authorise Medshield Medical Scheme to pay refunds to the above bank via the ACB system using the information provided.
- a) I irrevocably authorise Medshield Medical Scheme to reverse any erroneous transaction and/or rectify any electronic transfer of funds error without prior notice.
- a) I understand that Medshield Medical Scheme will rely upon the facts set out herein for the accurate loading of bank details. I understand and accept that should any details contained herein prove to be incorrect, or should I fail to inform Medshield Medical Scheme

Bank Name:

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Branch Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Code:

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Type of Account: (Mark with an X)

Current	Transmission	Savings
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Name of Account Holder:

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Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Holder Signature: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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**SECTION F**

**YOUR DOCUMENTS CHECK LIST** (Please mark boxes with an X when attached)

An application by a **Sole Proprietor/Natural Person** must include:

- A complete broker application form
- Cancelled cheque or bank statement with a bank stamp or letter with a bank stamp
- Company Registration Certificate, if applicable
- Financial Sector Conduct Authority certificate
- Identity Document of the key individual
- Letterhead with contact details
- The key individual's Council for Medical Schemes accreditation certificate
- VAT Registration Certificate, if applicable

An application by a **Representative** must include:

- A complete broker application form
- Council for Medical Schemes accreditation certificate
- Identity Document of the key individual

An application by a **Company or Close Corporation** must include:

- A complete broker application form
- Cancelled cheque or bank statement with a bank stamp or letter with a bank stamp
- Company Registration Certificate, if applicable
- Financial Sector Conduct Authority certificate
- Identity Document of the key individual
- Letterhead with contact details
- The key individual's Council for Medical Schemes accreditation certificate
- VAT Registration Certificate, if applicable

**SECTION G FOR ADMINISTRATIVE USE ONLY**

Broker Consultant Name:
Broker Code:
Broker House Code:
Comments:

**HEALTHCARE BROKER MEMBER SERVICE LEVEL AGREEMENT**

The minimum level of services to be provided by a healthcare broker to a member:

1. The healthcare broker shall use his/her best endeavours to interpret and apply the rules of the product to which the member has been introduced by the healthcare broker, to suit the member's individual situation and explain to the member upon request the aspects of those product rules about which the member may be uncertain or ignorant.
2. The healthcare broker shall advise the member, after analysing the member's particular and specific needs in relation to cover, which of the options is most suited to meet those needs considering the member's financial status and individual circumstances.
3. The healthcare broker shall at all times facilitate the relationship between his or her member and the product to which the healthcare broker has referred the member and shall:
  - Use his or her best endeavours to resolve any problem which the member experiences with his or her dealings with Medshield Medical Scheme promptly and efficiently;
  - Use his or her best endeavours to advise and assist the member in gauging the impact on and relevance to the member of any proposed or actual change in the rules of the product;
  - Make him or herself available to attend at least two (2) meetings per year (not more than a 6 month interval), at the request of the member, between the member and representatives of the Medshield Medical Scheme or its administrators to provide expert advice and support to the member in the course of the meeting.
4. The healthcare broker shall return a member's telephone call, email or facsimile message within 3 days from the date of the member's correspondence unless the healthcare broker is on vacation or is physically or otherwise incapacitated in which case the call, email or facsimile message shall be returned within three (3) days of the healthcare broker's return to work or to capacity.

Accepted and signed at: \_\_\_\_\_

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Applicant: \_\_\_\_\_

Full Name:

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Does the Key Individual on this application require a separate broker code (apart from the broker house broker code)?

