

Company/Business Name	Physical and Postal Address	Email Address	Telephone/ mobile phone

6. Bank details for claims and Payment (information required for direct payment of benefits to principal member)

Account Name	
Account Number	
Bank Name	
Branch Name	
Account Type	

Please provide a letter from your bank confirming your bank details.

I hereby authorise Vitality Hospital Management Services trading as Vitality Health to pay any scheme benefits that may be due to me into the abovementioned bank account. Should the banking details change, I will notify Vitality Health in writing.

Account Holder's Signature

Date

7. BANK DETAILS FOR DEDUCTION OF MONTHLY CONTRIBUTIONS BY DEBIT ORDER (Compulsory for individual members or groups, only if payments are not facilitated by employer)

Account Name	
Account Number	
Bank Name	
Branch Name	
Account Type	

I hereby authorize Vitality Hospital Management Services trading as Vitality Health to arrange with(Bank Name), to deduct monthly contributions (current and/or arrears) due by me to Vitality Health in terms of the rules of Vitality Health Plan (including any amendments that may be made during the term of my membership) from the above-mentioned bank account. I undertake to pay the applicable subscriptions to the scheme before the 01st of each month.

Account Holder's Signature

Date

If joint or company banking account: (at least two persons who have signing rights must sign this debit order)

First Signature: _____, Date: _____,

Second Signature: _____, Date: _____

NOTE: Please submit a letter from your bank confirming your banking details

10. Principal Member Declaration

I,(Names of the Principal member as they appear in the national identification) do hereby declare that:

- a) I make an application to be admitted as a member of Vitality Health Plan. I agree to comply and abide by the rules of the scheme and their amendments.
- b) All the information contained in this form is true to the best of my knowledge.
- c) I am aware that any false statements and information provided by me in this application or the non-disclosure of material information will result in my membership being cancelled, and that any contributions paid towards the scheme shall be forfeited to the scheme.
- d) I am aware that upon joining the scheme during the course of the calendar year, the maximum benefits to which I may be entitled shall be adjusted in proportion to the period of membership calculated from the date of admission to the end of the particular calendar year.
- e) On signing this application form, I acknowledge and accept that I will be held personally responsible for all amounts (subscriptions and claims) due to Vitality Health Plan. Should Vitality Health need to take a legal action to recover bad debts, I accept responsibility for the legal fees on an attorney and client scale.
- f) I agree that Vitality Health Plan has the right to the interest accumulated on outstanding amounts calculated at the maximum interest rate as levied in terms of the Usury Act, Act 73 of 1968.
- g) For group membership only: I hereby authorize my employer to deduct from my salary and pay to the scheme all amounts that may be due by me.
- h) I accept that the scheme cannot be held liable for losses occasioned by non-receipt of posted cheques (where applicable). I undertake to give one calendar month written notice in the case of the termination of my membership of the scheme and to send such notice to the scheme by registered mail.
- i) Accepting that I am hereby curtailing my right of privacy, but to facilitate the assessment of risks, and the consideration of any claim for benefits in respect of me as a member, I irrevocably authorize the scheme to obtain from any person, whom I hereby so authorize and request to give, any information which the scheme deems necessary, at any time (even after my death) and in such detail, abbreviated or coded form as may from time to time be decided by the scheme or by the operators of such data base.
- j) I undertake to remain a member and to give one month's notice by registered mail, should I wish to terminate my membership.

Signature (Principal Member)

Date

11. Employer's Declaration

I/we declare that the above mentioned employee, _____(name of Employee),

Occupation _____, is a full-time (permanent) staff of _____

(state name of organization) and is entitled to membership from _____(state Month) and the monthly contributions of M_____ will be paid from his/her salary to Vitality Health.

Name of authorized person: _____, Authorized Signature: _____

Desination of Authorized person: _____, Date: _____

Stamp of Employer:

12. For Office Use:

Membership

Joining Date: _____ Benefit Date: _____

Membership No: _____: Authorized Date: _____

Accounts:

Premium: _____

Authorized Signature: _____, Date: _____