

FACILITY ENROLMENT FORM

Please complete in black ink and print in clear CAPITAL LETTERS

PART A: BUSINESS DETAILS

Full Name of Business:

Type of Business: (Private Limited, Sole Trader, etc.)

Date of Incorporation

Company Registration No:

Business Physical Address

Business Postal Address (if different from above)

Nature of Business: (please tick) Hospital Clinic Pharmacy

24-hour Emergency Facility Laboratory Imaging Centre

Doctor's Rooms Other (please specify)

PART B: BUSINESS CONTACT DETAILS

Tel: Mobile:

Fax: Email:

Business Contact Person:

Designation

PART C: PERSONAL DETAILS OF DIRECTORS/PROPRIETORS/PARTNERS/OFFICE BEARERS

Please fill in the details of at least two directors, partners or office bearers of the company and provide proof of ID and a copy of the CR14

1. Full Name:

Designation:

National ID No: **Passport No:**

Driver's Licence No:

Date of Birth: **Country**

Residential Address:

Tel: **Mobile:**

Email:

Skype:

2. Full Name:

Designation:

National ID No: **Passport No:**

Driver's Licence No:

Date of Birth: **Country**

Residential Address:

Tel: **Mobile:**

Email:

Skype:

3. Full Name:

Designation:

National ID No: **Passport No:**

Driver's Licence No:

Date of Birth: **Country:**

Residential Address:

Tel: **Mobile:**

Email:

Skype:

4. Full Name:

Designation:

National ID No: **Passport No:**

Driver's Licence No:

Date of Birth: **Country:**

Residential Address:

Tel: **Mobile:**

Email:

Skype:

PART D: BANK ACCOUNT DETAILS

Please specify at **most** two bank accounts for receipt of funds

1. Account Name:

Bank: Branch:

Sort Code: Account No:

2. Account Name:

Bank: Branch:

Sort Code: Account No:

PART E: COMPANY PROFILE

Please complete the following questions as accurately as possible to enable us to better understand your business and improve our service to you. Questions marked with a '*' are compulsory.

*1. About how much do you claim from medical aid funders per month? USD

*2. About how frequently do you expect to utilize the Claims Factoring Facility? Please tick appropriate box:

Weekly Fortnightly Monthly Bi-monthly Quarterly

*3. About what total value of Claims would you expect to Factor in one transaction? USD

*4. Do you claim more from a specific medical aid funder than others? If so, please specify which one:

5. How many employees do you have?

6. On what date of the month do you run your payroll?



Form CF/APP/02
Version: 20170911

Declaration and Acceptance

Kindly read the Terms and Conditions Form CF/APP/04 before signing this declaration and acceptance.

I/We have read and understood this Agreement and I/we accept and agree with all of its terms and conditions. I/We enter into this Agreement voluntarily, with full knowledge of its effect. I/We certify that the above statements in support of my/our application for enrolment are true and complete and understand that in the event of any information proving to be inaccurate, this application may be declined.

Authorized Signatory:

Designation:

Date:

Authorized Signatory

Designation:

Date:

PART F: FOR OFFICE USE ONLY

Complete in black ink

Checked by:	<input type="text"/>	Authorized by:	<input type="text"/>
Proof of ID Documents Received by:	<input type="text"/>	Date:	<input type="text"/>
Checked by:	<input type="text"/>	Date:	<input type="text"/>
Business Type Code:	<input type="text"/>		
Application Declined/Approved by:	<input type="text"/>	Date:	<input type="text"/>
Client ID	<input type="text"/>	Average Monthly Claims:	<input type="text"/>

Checklist

- | | |
|---|--------------------------|
| 1. Signed Enrolment Resolution (CF/APP/01) | <input type="checkbox"/> |
| 2. Completed Facility Enrolment Form (CF/APP/02) | <input type="checkbox"/> |
| 3. Authorized Signatories and Proof of ID | <input type="checkbox"/> |
| 4. Completed Company Signing Arrangements (CF/APP/03) | <input type="checkbox"/> |
| 5. Specified Bank Account(s) | <input type="checkbox"/> |
| 6. Accepted Terms & Conditions | <input type="checkbox"/> |
| 7. Completed Company Profile | <input type="checkbox"/> |
| 8. Copy of Company's Certificate of Incorporation | <input type="checkbox"/> |
| 9. Copy of Company's CR14 | <input type="checkbox"/> |