momentum

Application for HealthSaver

2027

Important notes:

- You may choose to make use of additional products available from Momentum Group Limited (Momentum), to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Moto Health Care. The complementary products are not medical scheme benefits. You may be a member of Moto Health Care without taking any of the complementary products.
- Please submit the completed and signed form via email to **membership@mhcmf.co.za.**
- For any enquiries, please contact Moto Health Care on **0861 000 300.**

Group number

Employer name

Membership number

1: Principal member information

Title | Initials | First name

Surname

Previous surname | Gender | Male | Female

ID number | Passport number

Date of issue (D D M M Y Y Y Y) | Expiry date (D D M M Y Y Y Y)

Country of issue

Nationality

Income tax reference number* | *Please provide proof of Income tax reference number.

Tax residency country

Home address

Postal code

Postal address (if different)

Postal code

Telephone - home | Telephone - work

Cellphone number

Email address

2: FICA verification

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification before we activate the HealthSaver account.

If a third party pays your HealthSaver contribution, FICA is required for the third party as well. Please include a copy of ID or passport, proof of residential address and proof of income.

We therefore require the following information:

- Source of funds for payment of contributions

Salary income	Company/business profits and/or income (onshore)	
Professional fees and/or commissions	Company/business profits and/or income (offshore)	
Import/export activity income	Distribution and/or logistics income	
Investment activity income	Funds received (beneficiary of a retirement fund)	
Funds received (beneficiary of a trust)	Funds received (beneficiary of an insurance policy)	
Funds received (donations)	Funds received (government/social grants)	
Funds received (inheritance)	Sale of fixed assets	Sale of moveable assets
Sale of goods/services	Lottery winnings	Other

If other, please provide details

2: FICA verification (continued)

- ID/Passport number for the principal member.
  Please provide a copy of the ID and proof of residential address.

  If passport number, please confirm which country the passport was issued in and provide a copy of the passport.

  Do you have any foreign assets? Yes ☐ No ☐

  If yes, please provide details

- ID/Passport number for the contribution payer if different to principal member.
  Please provide a copy of the ID and proof of residential address.

  If passport number, please confirm which country the passport was issued in and provide a copy of the passport. Please also provide proof of residential address.

- If the contribution is paid by a trust, we require the following documents:
  – Trust deed
  – Letter of Authority from the Master of the High Court
  – ID documents for the trustees, beneficiaries and founders
  – Proof of residential address for the trustees and beneficiaries

  We require the name and ID/passport number for each trustee:

Name of trustee	**ID/Passport number**	**If passport number, please confirm which country the passport was issued in and provide a copy of the passport.**

- Company name and registration number if a company is the contribution payer (only required where a company application form has not been completed and submitted).

  Company name

  Company registration number

  Company type

  If the contribution is paid by company, we require the following information and documentation:

  Sole proprietorship

  – Certificate of Incorporation (CIPC registration document).
  – If the entity isn't registered with the CIPC, an affidavit or letter from the accountant stating that the individual operates the business under a trading name and confirming the business address and nature of the business.
  – Proof of business existence: Sole proprietor declaration form (from the bank or institution); a letter from SARS confirming sole proprietor status (if available) and latest bank account statement for the business (in the name of the individual)
  – Valid tax registration number
  – ID document
  – Proof of source of income

  Partnership

  – ID documents and proof of residential address for all partners
  – The first and last page of the partnership agreement
  – Resolution or mandate
  – Proof of source of income

  Private company

  – Certificate of Incorporation (CIPC registration document – COR14.3)
  – Memorandum of Incorporation (MOI)
  – Valid tax registration number
  – ID documents and proof of residential address for all directors
  – Confirmation of shareholding
  – Proof of source of income

2: FICA verification (continued)

Public company

- Certificate of Incorporation (CIPC registration document)
- Memorandum of Incorporation (MOI)
- Valid tax registration number
- Confirmation of shareholding
- ID documents for all directors
- Confirmation of bank account details
- Proof of source of income

Non-profit organisation (NPO)

- Certificate of registration issued by Department of Social Development under non-profit organisations
- Founding document – Constitution or Memorandum of Incorporation (MOI)
- ID documents and proof of residential address for the office bearers
- Proof of source of income

Closed corporation

- Certificate of Incorporation (CIPC registration document) listing all directors
- ID documents and proof of residential address for all directors
- Confirmation of bank account details
- Proof of source of income
- Resolution authorising a representative, signed by all members

Personal liability company (Inc)

- Company registration date
- Company registered address
- Income tax registration number
- Confirmation of source of income/funds
- Certificate of Incorporation (CIPC registration document)
- Shareholder register/Organisational structure document (Confirmation of Ultimate Beneficial Ownership (UBO))
- Supporting ID/passport documents (including public officer or representative taxpayer)

State-Owned Company (SOC LTD)

- Company registration date
- Company registered address
- Income tax registration numb
- Confirmation of source of income/funds
- Certificate of Incorporation (CIPC)
- Registration document/founding Act of Parliament/Government Gazette
- Shareholder register/Organisational structure document (Confirmation of Ultimate Beneficial Ownership (UBO))
- Board resolution/Delegation of authority
- Supporting ID/passport documents

Certificate of Incorporation (CIPC registration document)

If the entity isn't registered with the CIPC, an affidavit or letter from the accountant stating that the individual operates the business under a trading name and confirming the business address and nature of the business.

- Proof of business existence: Sole proprietor declaration form (from the bank or institution); a letter from SARS confirming sole proprietor status (if available) and latest bank account statement for the business (in the name of the individual)
- Valid tax registration number
- ID document
- Proof of source of income

3: Contract details

3.1 Monthly HealthSaver contributions

Add monthly contribution:

You can choose how your day-to-day claims will be paid from your available HealthSaver funds.

☐ Tick this box if you want to pay monthly contributions into your HealthSaver account and complete the contribution below. Please also complete sections 4, 5 and 6.

Monthly amount R | | | | | | | *Minimum of R100 per month*

You can choose to contribute any amount in addition to the regular monthly payments. These additional amounts can be paid via electronic fund transfer (EFT).

3: Contract details (continued)

3.2 Claims payment

In-hospital claims:

☐ Tick this box if you **do not** want any shortfalls in your in-hospital claims to be paid automatically from your available HealthSaver funds. For example, if you have a gap cover product.

4: Banking details

Please do not provide credit card details. Momentum is not allowed to record your credit card details.

Name of account holder			
Name of bank			
Account number			
Account type	Current/Cheque ☐	Savings ☐	Transmission ☐
Branch code		Branch name	
Amount	R		
Starting date	D D M M Y Y Y Y		

Please note that the complementary product(s) will only be activated upon successful activation of your Moto Health Care Fund membership.

Notes:

- The deduction date is the first working day of the month.
- Your bank statement will reflect 'Health Sav', which is the abbreviated name registered with the bank, followed by your membership number.

5: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay for the HealthSaver. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified. I accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. I may cancel this mandate and pay via other methods within the 30 days. If I cancel this mandate, I remain responsible to pay any amounts due to Momentum while it was in force.

If a third party's account* details are used, please provide a copy of their ID.

*Consent from third party:

I (name and surname)	
ID number	

consent to Momentum deducting the contributions due for this member from my bank account.

Signature of principal member | **Date** D D M M Y Y Y Y

6: Terms and conditions

For protection of personal information

Momentum Group Limited comprises a group of companies that provide the following products and services:

- Financial planning services, healthcare administration, insurance products, investment products, managed care services and retirement benefits.

Momentum Group Limited and its subsidiaries will keep your personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. We request your consent to process your personal information and to obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement to enable Momentum Group Limited and its subsidiaries to offer you the products set out above and to administer the products.

1. I declare that all my personal information and that of my dependants supplied to Momentum Group Limited and its subsidiaries is accurate, up to date, not misleading and that it is complete in all respects and will be held and/or stored securely for the purpose for which it was collected and that I will immediately advise Momentum Group Limited or its subsidiaries of any changes to my personal information and that of my dependants should any of these details change.
2. I confirm that I am authorised to provide consent in this section on behalf of my dependants, and that I have their permission to share such information with Momentum Group Limited and its subsidiaries. Where I give consent for a minor, I confirm that I am a competent person in respect of such minor and I have the authority to give consent for them.
3. I hereby authorise, and give consent to Momentum Group Limited and its subsidiaries to share my personal information, including health information, and that of my dependants, with any entity (including an entity forming part of Momentum Group and its subsidiaries), with whom I and/or my dependants have a contractual relationship with, or have applied for a product or service from such entity. This personal information will be processed and/or used for further processing in order to administer the products or services.

6: Terms and conditions (continued)

For protection of personal information (continued)

4. I understand that the personal information will be shared to provide for the following purposes:
   - To interact with, and view all the products and services I have with Momentum Group Limited on its websites including obtaining a single view of my products within Momentum Group Limited.
   - To provide my, and my dependants', personal and health information to any other entity within Momentum Group Limited, where I and/or my dependants already have a relationship or where I and/or my dependants have applied for a product or benefit, for the administration, underwriting including financial underwriting, credit scoring, client reporting and risk profile analysis of my and/or my dependants' products or benefits.
   - For the administration, underwriting, credit scoring, client reporting and risk profile analysis of products and services where I and/or my dependants have a contractual relationship in relation to such products or services or where I and/or my dependants have applied for such products or services.
   - For any other lawful purpose.
5. I acknowledge that my dependants and I must give Momentum Group Limited and its subsidiaries, as applicable, all information and evidence that may be required from time to time. I authorise Momentum Group Limited and its subsidiaries to obtain from any person, including the medical schemes to which my dependants and I belong and/or its administrator, any information Momentum Group Limited and its subsidiaries may require concerning me or any of my dependants in relation to the products or services I and/or my deperndants currently have or have applied for. I consent to that person providing, and instruct that person to provide, Momentum Group Limited and its subsidiaries with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
6. I understand that I have the right to withdraw my consent to have my personal information processed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.
7. I understand that I have the right to object on reasonable grounds relating to my particular situation, to the processing of my personal information unless processing is required by law.
8. I understand that if I fail to provide the personal information required or if I am not willing to agree to the processing of my personal information, then Momentum Group Limited and its subsidiaries will not be able to offer me the products or to administer them. My personal information will be processed in terms of the Medical Schemes Act 131 of 1998, the Financial Intelligence Centre Act 38 of 2001, the Financial Advisory and Intermediary Act 37 of 2002, the Long-Term Insurance Act 52 of 1998, and the Pension Funds Act 24 of 1956.
9. I understand that I have the right to request my personal information which is under the control of Momentum Group Limited and its subsidiaries provided that I furnish adequate identity and that a fee may be charged for this service.
10. I understand that I have the right to request Momentum Group Limited and its subsidiaries where necessary, to correct, or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
11. If I have a complaint relating to the processing of my personal information, I understand that I should first refer it to Momentum Group Limited to resolve it in terms of their internal complaints process. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator, who can be contacted on **010 023 5207** or via email at **POPIAComplaints@inforegulator.org.za**.
12. You can access Momentum Group Limited's full privacy policy at **https://www.momentumgroupltd.co.za/privacy-notice** and Momentum Multiply's full policy at **https://www.multiply.co.za/engaged/privacy-policy**

Signature of principal member _____ **Date** D D M M Y Y Y Y

For HealthSaver

1. I am deemed to have read and understood the terms and conditions that apply to HealthSaver, which can be accessed via the website at **momentum.co.za**, and consider myself bound by these terms and conditions. I further agree to refer to the Momentum website (**momentum.co.za**) annually to take note of the terms and conditions.
2. I appoint Momentum as my agent for the purpose of collecting and depositing all contributions in respect of the HealthSaver and for making the relevant payments as per the terms and conditions.
3. I acknowledge that:
   i. In doing so, Momentum acts as my agent.
   ii. I assume all risks connected with the administration of the entrusted funds by Momentum, understanding that Momentum is bound by the Financial Institutions (Protection of Funds) Act 28 of 2001.
   iii. I will direct all enquiries in respect of the HealthSaver to Momentum.
   iv. I undertake to submit the information required for FICA purposes within 14 (fourteen) days of my application. Failure to submit the FICA information will result in my application for the HealthSaver account being cancelled.

   I have read and understand the above clause, have had an opportunity to question and consider it and I agree to the consequences of it.
4. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, offset any debt owing by me to Moto Health Care or any Momentum product from funds available in my HealthSaver account.

Signed at _____ Start date **0 1** M M Y Y Y Y

The start date cannot be before the Moto Health Care membership start date.

Signature of principal member _____ **Date** D D M M Y Y Y Y