

below

- If the account holder is a third party (authorised party) such as a company or trust, please complete Sections 1 and 3 in the table below.

Section 5.1: Main member, authorised parties, company or trust address and contact details (compulsory for all)

Account holder residential address for claims reimbursements

(If the account holder is a company, please provide the company's physical address)

Unit/Suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>

Account holder email details

(If the account holder is a company, please provide the company email address)

Email address

Account holder contact number details

(If the account holder is a company, please provide the company contact number)

Contact number	<input type="text"/>	
Signature of account holder	<input type="text"/>	Date <input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date <input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date <input type="text"/>

If there are multiple authorised parties/ trustees, please attach ID copies per authorised party / trustee.

Section 5.2: Authorised person details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>	Date of birth	<input type="text"/>

Section 5.3: Company or trust details

Company or trust name	<input type="text"/>		
Company or trust registration number	<input type="text"/>		
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>
Signature of authorised party/trustee	<input type="text"/>	Date	<input type="text"/>

6. New claims reimbursement bank account details

When should we start using the new banking details?

Note that we cannot backdate banking detail changes and these details will come into effect from the date that they are loaded onto the system.

Confirm if the new claims reimbursement bank account details are the same as the new debit order details Yes No

If **yes**, do not complete the section below. If **no**, complete the section below

Confirm who the **account holder** is by choosing the correct option:

Main member (You) Someone else Company Trust

Bank account details:

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account number	<input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Account holder name	<input type="text"/>		
Account holder's signature	<input type="text"/>	Date	<input type="text"/>
Contact number	<input type="text"/>		
Account holder's signature	<input type="text"/>	Date	<input type="text"/>

7. Debit order mandate and Privacy Statement

Debit order mandate

This signed authority and mandate refers to the application on the signed date ("the Agreement")

I, the undersigned:

- Warrant that the account information I have provided above is an account in my name and that the information furnished by me/us in this Authority and Mandate is true and correct.
- Authorise MEDiPOS Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by MEDiPOS Medical Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application on condition that the sum of such payment instructions will never exceed my obligations as framed in the which shall commence on the date that cover starts as requested on the application form and shall continue until this Authority and Mandate is terminated by me by giving MEDiPOS Medical Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this Authority and Mandate.
- If the membership or change in account details is not activated in time for the debit order collection and there is an amount outstanding MEDiPOS Medical Scheme can collect that amount in the interim. If I change the date of the debit order after activation, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Acknowledge that my bank will treat each payment instruction to pay premiums or amounts due under this Agreement to MEDiPOS Medical Scheme as if each payment instruction came from me personally as the account holder.
- Undertake to advise MEDiPOS Medical Scheme in writing of any changes to my account details and acknowledge that MEDiPOS Medical Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify MEDiPOS Medical Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the Agreement
- Know and understand that the withdrawals hereby authorized will be processed through a computerized system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the Agreement so as to enable me to identify this membership.
- Acknowledge that although this Authority and Mandate may be terminated by me, such termination does not necessarily terminate this Agreement. In the event of such termination, I am not entitled to any refund of any premiums or amounts due that was withdrawn by MEDiPOS Medical Scheme whilst this Authority and Mandate was in force if such premiums or amounts were legally owing to MEDiPOS Medical Scheme in terms of the Agreement.
- Acknowledge that by signing this Authority and Mandate I am bound by the payment terms applicable to this Agreement.
- Acknowledgment that this Authority may be assigned to a third party if this agreement is also assigned to a third party.

Privacy Statement

Definitions

The Scheme refers to MEDiPOS Medical Scheme registration number 1548, registered with the Council for Medical Schemes.

The Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed healthcare organisation for MEDiPOS Medical Scheme.

We, us, our refer collectively to the Scheme and the Administrator.

You and your refer to the member and the dependant/s on the Scheme, which may include your spouse, children and other dependants, collectively "your dependants".

Your personal information includes information about race, gender, sex, pregnancy, biometrics, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and date of birth of the individual amongst other things.

Process(ing) (of) information means the lawful and reasonable automated or manual activity of collecting, recording, organising, using, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

Competent person means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property or estate of another person unable to do so because of mental or physical incapacity.

How we will process and disclose your personal information and communicate with you

1. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
2. This Privacy Statement applies to you if you engage with us physically through our offices or virtually through our website (www.medipos.co.za), email, mobile applications, social media platforms, over the phone or otherwise as may be the case from time to time.
3. When you engage with us, you entrust us with personal information about you.
4. We are committed to protecting your right to privacy. We will keep your personal information confidential. We take protecting your personal information seriously and are continuously developing and updating our security systems, processes and data governance policies.
5. We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third-party data sources. Thus, your personal information comprises information you may have given to us yourself or we may have collected from other sources.
6. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that we require your acceptance to activate and service your membership. Should you object to the processing of your personal information and notify us accordingly, while we will do our utmost to honour your wishes within the confines of the law, this may affect access to your benefit entitlements.
7. You understand and/or acknowledge that when you include dependants on your application, we will process their personal information for the activation of the benefit option and to pursue their legitimate interest. By submitting your dependants' relevant personal information, you hereby confirm that you are duly authorised to share such information with us.
8. If you are giving consent for a person under 18 (a minor) you confirm that you are their parent or legal guardian and that you give consent for us to process their personal information for the purposes covered in this Privacy Statement.
9. If you share your personal information with any third parties, we will not be responsible for how they use this information nor be responsible for any loss suffered by you.
10. You acknowledge and understand that we may process your personal information for the following purposes:
 - 10.1. to verify the accuracy, correctness and completeness of any information provided to us in the course of processing an application for membership or providing services related to the membership;
 - 10.2. for the administration of your benefits;
 - 10.3. for the provision of managed care services to you with regard to your benefit entitlements;
 - 10.4. for the provision of relevant information to a contracted third party who requires this information in order to provide a healthcare service to you with regard to your benefit entitlements;
 - 10.5. to profile and analyse risk and to implement underwriting where appropriate;
 - 10.6. to share your personal information with external healthcare providers for them to assess or evaluate certain clinical information, in the event that you are subject to such a clinical assessment;
 - 10.7. to investigate and/or remedy fraud, waste and abuse.
11. By signing this application form, you expressly consent that we can obtain and share information about your creditworthiness, or the creditworthiness of any payer of your contribution, with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
12. Examples of when and how we will obtain and share your personal information include:
 - 12.1. obtaining your personal information from other relevant sources, including healthcare providers, contracted service providers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies ("relevant sources"), further processing of such information to consider your membership application, to conduct underwriting or risk assessments or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
 - 12.2. if you have joined as a member of an employer group, getting from and sharing with your employer information that is relevant to your

application;

- 12.3. communicating with you about any changes in your benefit option, including your contributions or changes and enhancements to the benefits you are entitled to on the benefit option you have chosen;
 - 12.4. transferring your personal information outside the borders of the Republic of South Africa where appropriate, for example to administer emergency or treatment benefit and/or if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research; and/or
 - 12.5. sharing your personal information to be processed by healthcare providers via a health information exchange in order to improve members' treatment and healthcare outcomes.
13. If a third party asks us for any of your personal information, we will share it with them only if:
- 13.1. you have already given your consent for the disclosure of this information to that third party (to the extent that your consent is required and no suitable alternative legal basis for such sharing may be relied on); and/or
 - 13.2. we have a legal or contractual duty to give the information to that third party.
14. We will provide your personal information to any Discovery Limited entity for the following purposes only:
- 14.1. to allow for the administration of your profile/membership/benefit option with the entity with whom you or your dependant/s already have a relationship; or
 - 14.2. where you or your dependant/s have applied for a product, service or benefit from such an entity for the purposes of underwriting.
15. We may process your personal and/or depersonalised information for the following purposes:
- 15.1. for research and analysis; and/or
 - 15.2. to support the early identification of medical conditions and/or other lifestyle risks and to encourage you to change your lifestyle to lessen the impact of such conditions; or
 - 15.3. to provide personalised advice to you about risks to your health, how you may become healthier (such as by seeing a healthcare practitioner, having additional tests done or activating benefits) and the rewards and incentives which you may receive as a result of undertaking these activities. We will provide this advice to you based on market and behavioural research and analysis carried out using your personal, special and or depersonalised information. We may communicate this advice to you using the Scheme's communication channels.
16. Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to an academic or research party unless that party has agreed to abide by strict confidentiality protocols that we require. If we and/or the academic and researcher publish the results of this research, you will not be identifiable.
17. You agree that we may transfer your personal information outside South Africa only:
- 17.1. if you give us an email address that is hosted outside South Africa; or
 - 17.2. to administer certain services, for example, cloud services.
18. When we share your information, we will ensure that, the company, person or regulatory body (in or outside of South Africa) to whom we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
19. You consent and agree that:
- 19.1. we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities; and/or
 - 19.2. we may communicate such personal information to local regulatory bodies as well as to other relevant governance structure of Discovery Limited or any of its relevant entities if any legislative reportable matters are identified.
20. We may process your information using automated means (without human intervention in the decision-making process) to make a decision about you or your application for any product or service. You may query the decision made about you.
21. We have the right to communicate with you electronically about any changes on your benefit option, including your contributions or changes and improvements to the benefits you are entitled to on the benefit option you have chosen.
22. We would like to keep you updated about any offers and new products that the Discovery Group makes available from time to time. We, the Discovery Group and contracted third-party service providers may communicate with you about these and other products which we think are relevant, of benefit to you, and you can afford. We want to send you marketing of products and, for this reason, we may obtain data from third parties, such as credit bureaus, to enrich and analyse your personal information and by using your benefits you acknowledge that we can do so.
23. You may opt out of electronic marketing on www.medipos.co.za. We will store your personal information in order to action this request and action it as soon as reasonably possible.
24. Unless required by law to keep your personal information for a certain period of time or purpose, you agree that we may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-identify it, and for purposes of proof, retain a secure copy of your request.
25. If we become involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
26. Where we are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
- 26.1. Legislation applicable to us:
 - Medical Schemes Act, 1998
 - The Consumer Protection Act, 2008
 - The Protection of Personal Information Act, 2013
 - Electronic Communications and Transactions Act, 2002
 - Promotion of Access to Information Act, 2002
 - 26.2. Legislation specific to the Administrator only:
 - Financial Advisory and Intermediary Services Act, 2002

aware of these changes. By continuing to be a member you agree that the latest version will apply to you. The current version is available on www.medipos.co.za.

28. You have the right to know what personal information we hold about you. If you wish to receive this information, please complete a 'PAIA Form to Request Access to Records' on www.medipos.co.za and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
29. If you believe that we have used your personal information in a way that is contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal escalation and/or disputes process to resolve the matter. We explain the escalation and/or disputes process on the website www.medipos.co.za or contact the Administrator's Information Officer at privacy@discovery.co.za.
If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at: The Information Regulator (South Africa) | JD House | 27 Stiemens Street | Braamfontein | PO Box 31533 | Braamfontein | 2017 | Tel: **+27 (0) 10 023 5200** | POPIAComplaints@infoeregulator.org.za.

By accepting these Terms and Conditions and/or by providing personal information to us, you agree and give consent to the provisions of our Privacy Statement. If you do not agree or give consent to us using your personal information, we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions, please contact us on **0860 100 078**.

Reference numbers

This agreement reference number: Your membership number

Abbreviated name:

Abbreviated name(s) as registered with the bank: MEDIPOSCON, MEDIPOSCLA

Deduction amount : As per signed contract

Deduction date: As per signed contract

Payment start date: As per signed contract

Confirmation of acceptance of Agreement, inclusive of debit order mandate, and privacy statement.

Signed at (town or city)

Signature of account holder

Date

D	D	M	M	Y	Y	Y	Y
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