

# Fedhealth Medical Scheme

## Broker Contract Application Form

Dear Broker

Attached please find the Fedhealth Broker application form. Please complete the form and supply the following documentation. Please note that all documents have to be in the same name as on the application form.

### Legal Requirements

#### In the case of a Company or Closed Corporation:

1. Copy of ID document
2. Individual Accreditation Certificate with the Council for Medical Schemes
3. Organization Accreditation Certificate with the Council for Medical Schemes
  - a. Please note that as per the Council for Medical Scheme Rules if a Broker operates as a Closed Corporation or Company (Pty Ltd) the individual broker (natural entity) as well as the company (legal entity) has to be accredited in order to sell medical aid.
4. Original signed cheque or bank statements
  - a. Please note that if you supply us with a bank statement it has to reflect the following information:
    - i. Name of the bank
    - ii. Branch code or branch name
    - iii. Account holder name
    - iv. Account number
  - b. You may also supply us with a letter from the bank on the bank's letterhead reflecting the following details:
    - i. Signed by the appropriate official – management / director
    - ii. Original bank stamp
    - iii. Account name
    - iv. Account number
    - v. Branch code
    - vi. Broker ID number
    - vii. Brokerage registration number
5. Company or Closed Corporation documents:
  - a. For a company please supply the following documents:
    - i. CM9
    - ii. CM1
  - b. For a Closed Corporation please supply the following documents:
    - i. CK1
    - ii. CK2A
6. FSB licence certificate
7. Letterhead of the company reflecting contact details
8. VAT certificate from SARS

## Legal Requirements

### In the case of a Sole Proprietor, Trust or Partnership:

1. Copy of ID document
2. Individual Accreditation Certificate with the Council for Medical Schemes
3. Original signed cheque or bank statements
  - a. Please note that if you supply us with a bank statement it has to reflect the following information:
    - i. Name of the bank
    - ii. Branch code or branch name
    - iii. Account holder name
    - iv. Account number
  - b. You may also supply us with a letter from the bank on the bank's letterhead reflecting the following details:
    - i. Signed by the appropriate official – management / director
    - ii. Original Bank stamp
    - iii. Account name
    - iv. Account number
    - v. Branch code
    - vi. Broker ID number
  - c. We regret we do not accept any Internet banking statements, ATM mini statements or deposit slips.
4. FSB licence certificate
5. VAT certificate from SARS if you are VAT registered.

We look forward to receiving your application.

Kind regards

Commissions Department

## New Brokerage Application

Please complete the form, attach the relevant documentation and fax to 011 671 5913 or e-mail form and documents to [commissions@medscheme.co.za](mailto:commissions@medscheme.co.za)

Broker Consultant

### Brokerage/Broker Contact Information

Name of brokerage

Existing broker code

Physical address  Postal address

Postal code  Postal code

Contact person  Designation

Telephone number

Fax number

Cell phone number

E-mail address

ID number

### Organisation Accreditation Information

Accreditation number

Accreditation expiry date

### Individual Accreditation Information

Accreditation number

Accreditation expiry date

**Attached Documentation**

	Copies of (Please tick)
Accreditation certificate	<input type="checkbox"/>
ID document(s)	<input type="checkbox"/>
VAT registration documents	<input type="checkbox"/>
Company/CC registration documents	<input type="checkbox"/>
Company/CC accreditation certificate	<input type="checkbox"/>
Copy of cancelled cheque/bank statement <i>(Original documents need to be couriered)</i>	<input type="checkbox"/>
Letterhead reflecting contact details	<input type="checkbox"/>

**PLEASE NOTE:** The contract name, bank details, VAT certificate, FSB license and accreditation information must be in the same name.

Total Healthcare Book Size

Please list other medical schemes to which you are contracted

  
  
  
  
  


Name of Applicant

Signature of Applicant

.....

Date

**OFFICE USE ONLY**

ID document	<input type="checkbox"/>
VAT certificate	<input type="checkbox"/>
Bank details	<input type="checkbox"/>
Organisation accreditation	<input type="checkbox"/>
Accreditation	<input type="checkbox"/>
FAIS certificate	<input type="checkbox"/>
Copy of cc documentation	<input type="checkbox"/>
Letterhead reflecting contact details	<input type="checkbox"/>

Authorised by

Signature .....

Date