

**CONTRACT FORM**

**Please complete in full and sign**

Name of company/ individual	<input type="text"/>		
Number of principal members	<input type="text"/>		
Date of joining the Scheme	<input type="text"/>		
Postal address	<input type="text"/>	Code: <input type="text"/>	
Telephone Number	<input type="text"/>	Fax Number	<input type="text"/>
Contact person	<input type="text"/>	E-mail address	<input type="text"/>

I/We, the undersigned, hereby apply for membership of .....  
(insert name of scheme)

I/We agree to abide by the Rules governing the Scheme and any amendments made from time to time.

The Scheme reserves the right to impose the Rules of the Medical Schemes Act, {Act 131 of 1998}, incorporating the Regulations in terms of the above Act and any amendments to the Act/Regulations that are brought about in the future.

**THE NOTICE PERIOD ON RESIGNATION IS THREE MONTHS.**

**FOR AND BEHALF OF** ..... **SIGNED** ..... **DATE** .....

**DEBIT ORDER**

I/We hereby authorise the Scheme (or their nominee) to debit my/our banking account (wherever it may be), the amount necessary for any contributions and changes in relation to this agreement, incorporating the contribution rate changes.

Name of Account Holder	<input type="text"/>										
Name of Bank	<input type="text"/>										
Branch Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Type of account (please tick)	Current (Cheque)	<input type="checkbox"/>	Transmission	<input type="checkbox"/>							
Authorised signatory	<input type="text"/>										

For office use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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