



INFORMATION FORM

1. Please complete in BLACK ink
2. Print clearly using CAPITAL letters
3. Complete blocks from left to right, one letter/number per block
4. You MUST complete all sections of the application form
5. Mark with an X where necessary
6. Leave one block between words

Membership No.

Pay-point code

Section 1. Choice of Option - Choose ONE Option

Network Plan Hospital Plan Basic Plan Essential Plan Saver Plan Saver Chronic Plan Comprehensive Plan

Section 2. Intermediary

Broker code

Name of broker /
brokerage / agent

BROKER STAMP

Section 3. Employee Information

Name of employer

Branch name

Employer No.

Join date

Employment date

EMPLOYER STAMP

Signature of employer's human resources' representative _____

Print name _____

Section 4. Details of the Principal Member

Title Initials First name/s

Surname

ID / Passport No. Gender Date of birth

Marital staus SINGLE MARRIED DIVORCED WIDOWED COHABITING Home Language Ethnic group

Telephone - Home Telephone - Work

Mobile Fax

Postal address

Postal code

Email address

No. of dependants
to be registered



SUMMARISED BALANCE SHEET

Please attach annual financial statements and management/interim accounts.

Name of Business: _____

Year ending R'000	Annual/ audited 20.....	Annual/ audited 20.....	Interim to for current year	Budget: current year 20.....	Projected 20.....	Projected 20.....	Projected 20.....
Land and buildings							
Plant, machinery, equipment							
Other (including vehicles)							
Less: Accumulated depreciation							
NET FIXED ASSETS							
INVESTMENT							
Stock							
Debtors							
Cash in bank							
Other							
CURRENT ASSETS							
TOTAL ASSETS							
FINANCED BY							
Creditors							
Bank overdraft							
Receiver of Revenue							
Other							
CURRENT LIABILITIES							
KGF							
Other loans							
LONG-TERM LIABILITIES							
Share capital							
Non-distributable reserves							
Shareholders' loans							
Deferred tax							
Retained earnings (loss)							



REQUEST FORM

APPLICANT INFORMATION		
Company applying for loan:		
Name of individual representing company:		
Role in the company:		
Company registration:		
ID No:		
Email:		
Tel:	Fax:	Cell:
Current Address:		
City / Town:	Province:	
Country:	Code:	

PROJECT INFORMATION		
Project Name:	Location:	
Registration No:	Est. start date of the project:	
Company Inception Date:		
Current business (if any):		
Tel:	Fax:	Cell:
Web address:	Email:	
Business address:		
City / Town:	Province:	
Country:	Code:	

Project Sector: Please tick relevant sector	
Core sectors	Other sectors
• <input type="checkbox"/> Tourism	• <input type="checkbox"/> Manufactures
• <input type="checkbox"/> Transport & Logistics	• <input type="checkbox"/> Agro - processing
• <input type="checkbox"/> Bulk infrastructure	• <input type="checkbox"/> Mineral beneficiation
• <input type="checkbox"/> Telecommunications	• <input type="checkbox"/> Biodiesel
• <input type="checkbox"/> Energy / power	
Brief description of project:	