

4: Option

Ingwe Option

Hospital provider: Any hospital

Chronic and Day-to-day provider: Ingwe Active Network

5: Banking details to pay your contributions to Momentum Medical Scheme

(Please use your passport number as reference)

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|------------------------|--|------------------------|--------------------------------|------------------------|--------------------------------|
| Account Name | Momentum Medical Scheme | Account Name | Momentum Medical Scheme | Account Name | Momentum Medical Scheme |
| Name of Bank | First National Bank | Name of Bank | Standard Bank | Name of Bank | ABSA |
| Branch Name | Global Transactional Services - Durban | Branch Name | Florida Road | Branch Name | Killarney |
| Type of Account | Current | Type of Account | Current | Type of Account | Current |
| Account Number | 62127765371 | Account Number | 050 810 995 | Account Number | 4060933128 |
| Branch Code | 22 36 26 | Branch Code | 042726 | Branch Code | 632005 |
| Bank Code / Swift Code | FIRNZAJJ | Bank Code / Swift Code | SBAZAZAJJ00720535 | Bank Code / Swift Code | ABSAZAJJ |

6: Consent for Momentum Medical Scheme to process personal information

We request your consent to process and obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement for your membership of Momentum Medical Scheme.

Momentum Medical Scheme and the Administrator, Momentum Health Solutions (Pty) Ltd, a part of Momentum Metropolitan Holdings Limited, will keep your personal information confidential and will adhere to the Protection of Personal Information Act, 2013 when processing your personal information. Your personal information will be processed for the purpose of the Medical Schemes Act 131 of 1998.

If you fail to provide the personal information required or if you are not willing to agree to the processing of your personal information, then Momentum Medical Scheme will not be able to administer or offer you membership of the medical scheme.

Please read the statements below and sign your acceptance thereof.

1. I confirm that I am authorised to provide consent on behalf of my dependants and that I have their permission to share such information with Momentum Medical Scheme and the Administrator. 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.
2. I declare that all my personal information and that of my dependants supplied to Momentum Medical Scheme and the Administrator 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 Medical Scheme and the Administrator of any changes to my personal information and that of my dependants should any of these details change.
3. I authorise, and give consent to Momentum Medical Scheme and the Administrator to collect, store, collate, process, share and further process my personal information, including health information, and that of my dependants, for purposes of my Momentum Medical Scheme membership risk profiling and management, administration of my membership and as set out in this section.
4. If I have consented to the disclosure of my personal information to any other entity or person (person means any natural or juristic person, firm, company, corporation, state, agency or organisation of a state, association, trust or partnership, whether or not having legal personality) or if a contractual relationship exists between Momentum Medical Scheme or the Administrator which requires Momentum Medical Scheme or the Administrator to provide my personal information to any other person, Momentum Medical Scheme or the Administrator may do so.
5. I acknowledge that I must give Momentum Medical Scheme and the Administrator all information and evidence they may require from time to time. I authorise Momentum Medical Scheme and the Administrator to obtain from any person, including any medical doctor or other healthcare provider who has attended to me or my dependants in the past, or who will attend to me or my dependants in the future, any information Momentum Medical Scheme may require concerning my or any of my dependants in assessing any risk or claim in relation to this application, my membership of Momentum Medical Scheme and risk profiling or management. I consent to that person providing, and instruct that person to provide, Momentum Medical Scheme and the Administrator with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
6. 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 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 have the right to request my personal information which is in the possession of Momentum Medical Scheme and the Administrator, provided that I furnish adequate identification.
9. I have the right to request Momentum Medical Scheme and the Administrator where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
10. If I have a complaint relating to the processing of my personal information, I agree to refer it to the Scheme to resolve it in terms of their internal complaints process first. 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.
11. My personal information and that of my dependants will be shared between Momentum Medical Scheme, the Administrator, any subsidiaries within Momentum Metropolitan Holdings Limited with whom I have any financial or insurance products, including complementary products and contracted third parties both locally and outside the Republic of South Africa who require this information, for purposes related to my membership of Momentum Medical Scheme, and
 - to grant me access to interact with Momentum Medical Scheme on its website, to obtain a single view of my products with Momentum Metropolitan Holdings Limited and for purposes of receiving any reports or statements including consolidated reporting; and
 - to provide any credit bureau or registered credit provider with my credit information as defined in the National Credit Act, 2005 (credit information includes, for example, my credit history, financial history, pattern of payment or default under any credit agreements, debt re-arrangement arrangements or judgments obtained for outstanding debts).

6: Consent for Momentum Medical Scheme to process personal information (continued)

- 12. I agree that Momentum Medical Scheme's Administrator, Momentum Health Solutions (Pty) Ltd, may use my information for the purpose of marketing (including direct marketing) of insurance, investments, health insurance, retirement benefits, other financial services and health related products offered by Momentum Metropolitan Holdings Limited and its subsidiaries. Tick here if you do not wish to receive any direct marketing.
- 13. You can access the full privacy policy at <https://momentummedicalscheme.co.za/privacy-policy/>

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| Signature of principal member | <input type="text"/> | Date | <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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7: Statement by principal member

- 1. I apply for my dependants and I to join Momentum Medical Scheme (the Scheme) administered by Momentum Health Solutions (Pty) Ltd (Administrator) and agree to familiarise myself with, and be bound by, the Rules of the Scheme (the Rules) if my application for membership is accepted. I understand that I may request to inspect the Rules and that, in the event of a dispute, the Rules will be decisive.
- 2. I acknowledge that if my dependants and I do not disclose all the information that is relevant to the assessment of this application or if I and my dependants submit fraudulent claims, it will make any contracts to which this application relates null and void. The Scheme may, at its discretion, recover any amounts paid to me or any service provider on my behalf.
- 3. I irrevocably grant my permission to any physician, person or party who may be in possession of, or obtain information concerning my health, or that of my dependants, to divulge such information to Momentum Medical Scheme, also after my death.
- 4. I undertake to pay any amount due to Momentum Medical Scheme, on demand. Failure to pay any debt due to the Scheme may result in suspension or termination of membership and/or handover to a third party for collection.
- 5. I will notify the Scheme if I or any of my dependants are living with HIV/Aids within 14 days of activation of membership.
- 6. I will notify the Scheme should I or any of my dependants require hospitalisation for a non-emergency event at least 48 hours before the event. I acknowledge that failure to do so will result in a co-payment being applied as contained in the Scheme Rules.
- 7. I undertake to give a calendar month's notice should I wish to terminate my membership and/or terminate the membership of my dependants.
- 8. I consent to the recording of all conversations between me and the Scheme or the Administrator, and all information obtained through these conversations will form part of the Scheme's and the Administrator's records. I also consent to all these records remaining the sole property of the Scheme and the Administrator.
- 9. As an international/foreign student, I confirm that I have complied with the study visa/permit regulations as determined by the South African Home Affairs Immigration Act No. 13 of 2002. I consent to Momentum Medical Scheme sharing my membership details, as well as my personal details, including my name, date of birth and passport number, with contracted third parties for the purposes of verifying my membership in accordance with the study visa requirements, as per the Immigration Act.
- 10. I understand that Momentum Medical Scheme further reserves the right to review my membership should it be found that I failed to submit valid, accurate or complete documentation in support of my application for membership. I acknowledge that the Scheme reserves the right to verify that the documents submitted in support of my application for membership are valid, accurate and complete. I further acknowledge that the Scheme reserves the right to terminate my membership should the documentation be found to be fraudulent.
- 11. For **female applicants**: I understand that if I am pregnant at the time of joining Momentum Medical Scheme, a 12-month exclusion for pregnancy and confinement will apply. If I find out that I am pregnant after signing this application, I may apply for maternity benefits.
- 12. I confirm that I am not earning a taxable income of more than R825 per month.

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| Signature of principal member | <input type="text"/> | Date | <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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For office use (you do not need to complete this section)

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| Broker code | <input type="text"/> | Broker house code | <input type="text"/> |
| Group code | <input type="text"/> | Institution code | <input type="text"/> |