

IFC

INDEPENDENT
FINANCIAL
CONSULTANTS

Fax

To: Independent Financial Consultants

From:

Att: Iracema Fonseca

Subject:

Fax to email: (086) 586-4165

Pages: (including cover sheet):

Fax land: (021) 593-3135

Date:

Cell: (084) 334-4848 (W) (021) 593-3012

Email: membership@ifconsultants.co.za

Contact Details

Name:

Work Number:

Cell Number:

Email:

IFC is an authorized financial service provider - FSB license number: 40508. Our company offers free a consulting service on medical aid and life cover, as well as essential short term products, including gap cover.

ZURREAL MEMBER APPLICATION FORM

SECTION 1: ZURREAL OPTIONS

Please note **Zurreal Healthcard** members also qualify for the **Zurreal Rewards**, free of charge.

- Zurreal Rewards (Free)**. Please complete sections 1,2 and 5.
- Zurreal Platinum**. Please complete all sections.
- Zurreal Healthcard**. Please complete section 1, 2, 5,7, 8, 9 and 10

Employer groups must complete section 3 and 5.

SECTION 2: MEMBER DETAILS

Name of Medical Scheme:

Member / policy no.:

Surname: Title:

First name(s) (in full):

ID no.:

Telephone (W): Cell:

Telephone (H): Fax:

Residential: Postal address:

Code: Code:

Dependant(s) full name	Dependant(s) ID number	Dependant(s) cell number

SIGNATURE

Signature of applicant

SECTION 3: EMPLOYER GROUP DETAILS

Employer Name:

Registration No:

Employer Contact Person:

Telephone (W): Cell:

Telephone (H): Email:

Residential address: Postal address:

Code: Code:

Name of employer group:

Total number of staff who will have access to **Zurreal Rewards**:

Employer contact person:

Nature of business:

SECTION 4: CONTRIBUTION COLLECTION DETAILS (ZURREAL PLATINUM MEMBERS)

Name of bank:	<input type="text"/>	Branch name:	<input type="text"/>
Account holder:	<input type="text"/>	Branch code:	<input type="text"/>
Account number:	<input type="text"/>		

Agility Channel (Pty) Ltd is hereby authorised to draw the amount due in terms of this contract, against the above bank account wherever it may be conducted. Similarly, I authorise my bank to debit my account with amounts drawn against it by Agility Channel (Pty) Ltd. I understand that the withdrawals hereby authorised will be processed by computer through the Electronic Funds Transfer Service (EFTS) system provided by Standard Bank of South Africa (hereafter SBSA) and I also understand that the details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I agree to pay any bank charges relating to this SBSA service / debit order / multidata instruction. This authority may be cancelled by giving Agility Channel (Pty) Ltd 20 (twenty) business days' written notice, sent by prepaid registered post. However, I understand that I shall not be entitled to any refund of amounts that **Zurreal Platinum** (a division of Agility Channel (Pty) Ltd) have withdrawn while this authority was in force if such amounts were legally owing to the Scheme and / or Agility Channel (Pty) Ltd. Receipt of this instruction by Agility Channel (Pty) Ltd shall be regarded as receipt thereof by my bank. I further agree to advise Agility Channel (Pty) Ltd in writing of any changes that may occur.

Cancellations:

Please note that **Zurreal Platinum** membership will be effective for a fixed term of 12 (twelve) months from date of inception, subject to the provisions of Section 14(2)(b)(i) & (ii) and Section 14(3) of the Consumer Protection Act (Act 68 of 2008). For sake of clarity, it is recorded that the membership may be cancelled by the member at any time during said 12 (twelve) month period only by means of a prior written notice of 20 (twenty) business days given by the member to state his / her intention to cancel the membership. In such event, the member acknowledges that he / she will remain liable for the full membership fees during such notice period and will further be liable for a reasonable cancellation fee calculated in accordance with Section 14(4)(c) of the Consumer Protection Act (Act 68 of 2008).

I hereby agree to pay the selected loyalty programme membership fee as set out in the programme terms and conditions. I am aware and accept that these fees may change from time to time on notification from Agility Channel (Pty) Ltd. I also agree to adhere to the rules of Agility Channel (Pty) Ltd which are available on request.

SIGNATURE

Signature of account holder

SECTION 5: MEMBER DECLARATION

I, the undersigned, hereby declare that the information provided in connection with this application, whether it be in my own handwriting or not, is true and that I have not withheld any material facts which are known to me. A material fact is defined as a fact that is likely to impact the assessment of this application by **Zurreal**.

Name of principal member:

Signature of account holder:

Date:

SIGNATURE

D D M M Y Y Y Y

YOUR ZURREAL PLATINUM REWARDS CARD!

All cash rewards will be paid into the **Zurreal Healthcard**, boosting your funds available for those unexpected medical expenses or choose to have your funds paid out in cash at the end of the year!

Please complete the **Zurreal Healthcard** application form. You can contribute R100 or more in addition to your cash rewards on a monthly basis. This additional amount can be made via a debit order, over-the-counter cash or cheque deposits or process an EFT payment.



ZURREAL HEALTHCARD APPLICATION FORM

Known as one of the industry's smartest healthcare savings solutions, the **Zurreal Healthcard** is a pre-funded debit card that allows you to take full control of your healthcare expenses. It's only valid at medical service providers and is the ideal tool to safeguard your bank balance against unplanned medical expenses.

Anyone who is over the age of 18 can have their own **Zurreal Healthcard** and additional cards can be obtained and linked to one account, making it an ideal tool for students living away from home.

Best of all, you decide how much to save every month and you can boost your savings with **Zurreal Platinum** amazing cash-back rewards. Saving has never been easier.

Would you like to apply for a **Zurreal Healthcard**? Yes NO

Important notes:

FICA requirements for **Zurreal Healthcard**:

- Certified copy of ID document
- As a group application the Employer may provide the following documents:
 - Confirmation of Employee's working status and gross income
 - Certified copy of employee's ID document
 - Signed Bidvest Terms and conditions
 - If non-SA national employee - please provide a copy of working permit

SECTION 6: HEALTHCARD CONTRIBUTIONS

Start saving for those unexpected healthcare expenses.

Monthly amount: Minimum of R100 per month.

SECTION 7: SECONDARY CARD HOLDER(S) DETAILS

First name:
Surname: Gender:
ID no.: Date of birth:
Cell number:

SECTION 8: EMPLOYER GROUP DETAILS

FOR OFFICE USE ONLY

Company name:
Healthcard Group Reference number:
ID no.: Date of commencement:

EMPLOYER DETAILS: (PLEASE COMPLETE)

Employer name:
Registration no:

EMPLOYER CONTACT PERSON:

Telephone (W): Cell:
Telephone (H): Fax:
Email:

Physical address:

 Code:
Postal address:

 Code:

No of employees employed by the company: No of employees that will participate in the **Zurreal Healthcard**:

No of regional offices:

SECTION 9: CONTRIBUTION COLLECTION DETAILS

Name of bank:	<input type="text"/>	Branch name:	<input type="text"/>
Account type:	<input type="text"/>	Branch code:	<input type="text"/>
Account holder:	<input type="text"/>		
Account number:	<input type="text"/>		
Monthly debit order amount:	R <input type="text"/>	Date of 1 st debit order:	<input type="text"/>

SIGNATURE

Signature of account holder

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the maximum sum of (state amount in words) or any variable amount pertaining to this agreement, by the 7th working day of each month. This being the amount necessary for the settlement due in respect of our **Zurreal Healthcard** contract/ agreement dated / / . Payment Instructions due in December may be debited against my account on / / .

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement and indicated the abbreviated name **Zurreal**, which would enable me to identify the Agreement. I/we agree to pay any banking charges relating to this debit order instruction.

Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

Cancellation: I/We agree that this Authority and Mandate will continue until it is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. I/We acknowledge that cancellation of this Authority and Mandate will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

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Name: Signature: Date:

SECTION 10: Zurreal Healthcard TERMS AND CONDITIONS

Your use of the **Zurreal Healthcard**, issued by Bidvest Bank, is subject to the following terms and conditions. Your use of the card constitutes an agreement between you (the cardholder) and us (DrawCard and Bidvest Bank), and it indicates that you understand and agree to comply with these terms and conditions. You acknowledge that no representative of Bidvest Bank or DrawCard has offered you any financial advice, nor have they influenced you in any way.

Bidvest Bank subscribes to the Code of Banking Practice which is available from www.banking.org.za.

As soon as you receive your card, you must sign it on the back using permanent ink to ensure that no other individual can use your card and to show that you accept these terms and conditions.

Should you have any queries, please contact the Zurreal Healthcard call centre on 011 796 6464.

1. DEFINED TERMS

- 1.1 **Association:** Visa, and any other entity, through which the payment infrastructure required for processing transactions is accessed and/or by which the payment infrastructure required for processing transactions, is governed.
- 1.2 **Association Rules:** The rules and regulations published by the Association, as amended by the Association.
- 1.3 **ATM:** An Automatic Teller Machine that has electronic capabilities, accepts PINs and dispenses cash.
- 1.4 **Bank:** A branch of ABSA Bank.
- 1.5 **Bidvest Bank:** Bidvest Bank Limited (Registration No. 2000/006478/06), a bank registered under the Banks Act, 1990.
- 1.6 **Card:** The **Zurreal Healthcard**.
- 1.7 **Card account:** The national card account opened by DrawCard in respect of the cardholder for the purpose of allocating cardholder payments.
- 1.8 **Cardholder:** The person who has been granted a card account.
- 1.9 **Cardholder prepayment(s):** The amounts paid by the cardholder or its nominee into the card account.
- 1.10 **Cell-phone:** Any Global System for Mobile Communications (GSM) enabled terminal capable of connecting to a GSM mobile network.
- 1.11 **Card reference number:** The 12 digit card reference number displayed on the reverse side of the card which must be used during the activation process and when making deposits.
- 1.12 **DrawCard:** DrawCard (Proprietary) Limited (Registration No. 2003/019899/07).
- 1.13 **DrawCard group:** DrawCard, any subsidiary of DrawCard's holding company and/or any subsidiary of DrawCard's holding company.
- 1.14 **FICA:** The Financial Intelligence Centre Act 38 of 2001.
- 1.15 **Merchant:** Any retailer, shop or any other entity that contracts with any Association member to accept cards and originate card transactions.
- 1.16 **Merchant transaction:** A transaction entered into between you and a merchant.
- 1.17 **PIN:** A Personal Identification Number issued at the time the card is activated.
- 1.18 **POS:** A Point Of Sale terminal at a merchant.
- 1.19 **Prepaid value:** An amount equal to the amount that the cardholder or anyone else has paid into the card account.
- 1.20 **Transaction:**
 - 1.20.1 The payment for goods and/or services at POS at merchants in South Africa who accept Visa cards
 - 1.20.2 Any other transactions, conducted by the cardholder using the card

- 1.21 **Visa:** Visa Inc. (and all its subsidiaries and affiliates) or its successors and assigns.
- 1.22 **We or Us:** DrawCard and/or Bidvest Bank, and/or, if appropriate, any member of the DrawCard group.
- 1.23 **Website:** www.healthcard.co.za
- 1.24 **You or Your:** The cardholder.

2. YOUR CARD

- 2.1 Bidvest Bank will always remain the owner of the card.

3. USING YOUR CARD

- 3.1 Only you may use your card. You may not allow anyone else to use it.
- 3.2 The card has an expiry date that is valid until the last day of the month shown on the card unless the card account is closed or the card is revoked under clause below before that date.
- 3.3 A PIN is allocated to your card to allow you to perform transactions including purchases at POS at approved merchant outlets. You may not use your card for ATM cash withdrawals.
- 3.4 To activate your card, you must SMS your identity number, the card reference number and your name and surname to 41641 or call the **Zurreal Healthcard** call centre on 011 796 6464. A **Zurreal Healthcard** representative will verify your details and activate your card. You may also activate your card on the website.
- 3.5 You may use the card only for transactions. When paying for goods and services you will have to enter your PIN and may be asked to sign a transaction slip. You may not use the card for transactions or incur fees that will exceed the value of funds held in your card account and any such transactions will be declined.
- 3.6 Should you enter your PIN incorrectly three times in a row, all further transactions will be denied. In this event, please call the **Zurreal Healthcard** call centre.
- 3.7 The total Rand amount of purchases will be deducted from the card account.
- 3.8 Deposits may be made into your card account in cash or via electronic funds transfer from any internet enabled device including a cell-phone. Deposits of cash and/or from a debit or credit card may be made at any ABSA Bank using the reference number as the deposit reference.
- 3.9 When you make a deposit into your card account, DrawCard acts as your agent and, except insofar as there may be a right of recovery against DrawCard in law, all risks relating to the administration of the funds and the responsibility to ensure that DrawCard executes your instructions are yours.

- 3.10 You may not use the card for any illegal transactions including online gambling or similar transactions. You may not use your card for foreign exchange purchases nor may you use your card outside the Republic of South Africa. It is your responsibility to determine whether a transaction is lawful before you use the card. We will not be liable if a merchant refuses to accept or honour your card. We are obliged to report all illegal transactions to the relevant authorities.
- 3.11 We may suspend your card or terminate use of the card immediately if you violate any of these terms and conditions. In addition, should any regulatory authority request us to cancel the card, the card will be cancelled. Should this occur, we cannot be held liable in any way.
- 3.12 You agree that merchants are responsible for merchant transactions and that they are independent of us. We will not be liable if you have a complaint about goods or services paid for with your card. Complaints should be taken up with the merchant concerned.
- 3.13 Your initial daily POS transaction limit is R5 000 (five thousand Rand). If you wish to transact using larger amounts, you must upgrade to a higher level of FICA (described in clause below) before you will be allowed to transact. You agree that we will not be liable should your card account be suspended in compliance with our obligations under FICA.
- 3.14 Your initial maximum card balance may not exceed R25 000 (twenty five thousand Rand). Should your card balance exceed R25 000 (twenty five thousand Rand) we are obliged to suspend your card account until you have upgraded to a higher level of FICA (described in clause below). You agree that we will not be liable should your card account be suspended in compliance with our obligations under FICA.
- 3.15 You must comply with all relevant legislation at all times, including legislation applicable to combating money laundering and we have a duty to report suspicions of money laundering using the card.
- 4. UNAUTHORISED USE OF YOUR CARD AND PIN**
- 4.1 You are responsible for the safekeeping and proper use of your card. You must either memorise the PIN or keep record of the PIN separate from the card in a safe place.
- 4.2 Notify the **Zurreal Healthcard** call centre immediately if you realise your card is lost or stolen or your PIN has become known to any other person. We will stop the card soon after being notified. **Please acknowledge that, due to system delays, we may not be able to stop the card immediately.**
- 4.3 You will be responsible for all payments made with the card before the card was stopped in terms of clause 4.2.
- 4.4 You indemnify us against any damages, loss or liability that we may suffer as a result of any unauthorised access and/or use of your card.
- 4.5 You may dispute that any purchase debited from the card account was authorised by you. We will investigate any dispute after we receive a sworn statement from you to the effect that you did not authorise the transaction. **We will not be obliged to reverse the disputed transaction until we have completed our investigation. Should we conclude that the transaction was authorised by you, we shall not reverse the disputed transaction.**
- 5. MALFUNCTION OF ELECTRONIC FACILITIES**
- 5.1 We will not be responsible for any loss arising from any failure, malfunction or delay in any POS device or any supporting or shared networks resulting from circumstances beyond our reasonable control.
- 6. AUTHORITY TO DEBIT YOUR ACCOUNT**
- 6.1 Any purchases you make using the card will be debited from the card account, whether or not the slips or vouchers are signed.
- 6.2 The merchant (and not us), will be liable if a transaction is not authorised.
- 6.3 Unless a reversal or chargeback is authorised under the relevant Association Rules:
- 6.3.1 We are unable to reverse or chargeback any payment.
- 6.3.2 Any dispute with a merchant regarding a reversal or chargeback should be resolved between you and that merchant.
- 6.3.3 All payments made by us to a merchant for any transaction are final and irreversible.
- 7. INTEREST AND FEES**
- 7.1 We determine the monthly fee payable on the card, charged in advance.
- 7.2 You will be responsible for the cost of replacing any card.
- 7.3 Charges and fees will be debited from your card account. Your account balance must never enter into a debit balance. The account holder must ensure that sufficient funds are available to cover monthly fees charged against the member's account. The account holder is liable for settling any debit balance incurred on the card account.
- 7.4 A schedule of fees and charges applicable to the card are available from the website.
- 7.5 You will earn interest which is linked to the prime interest rate.
- 8. STATEMENTS**
- 8.1 Statements are not issued automatically. Statements reflecting transaction history of the past 90 (ninety) days and balances are available from the website.
- 8.2 If you wish to request an additional statement with further history, please contact the **Zurreal Healthcard** call centre. A statement will be emailed to you.
- 9. APPLICABILITY OF ASSOCIATION RULES**
- 9.1 We are subject to the Association Rules which may change from time to time. A copy of the Association Rules will be made available to you on request.
- 10. TERMINATING THIS AGREEMENT**
- 10.1 You may terminate this agreement at any time. You must advise **Zurreal Healthcard** in writing if you want to close your card account and you must also destroy your card so it cannot be used again by cutting through the magnetic strip and account number. **A card that is not destroyed correctly may still be used and, should this happen, you will be held liable for all transactions.**
- 10.2 We may choose at any time to revoke your card or to close the card account.
- 10.3 If the card account is closed for any reason, we will transfer the remaining credit balance, less any applicable charges, to a bank account selected by you in writing. You will have no claim regarding the card account. However, any claim you may have regarding any credit balance on that card account up to the date of closure of the card account can be claimed from us.
- 10.4 Even if this agreement is terminated, we will be entitled to rely on any rights acquired by us under this agreement before it ended.
- 11. AMENDMENTS TO THESE TERMS AND CONDITIONS**
- 11.1 In our sole discretion and at any time, we may amend these terms and conditions. Any amendment will not be interpreted as creating a new agreement.
- 11.2 It is your responsibility to keep up to date with the latest terms and conditions, which are available on the website.
- 11.3 The amendments to the terms and conditions will be binding on you and will form part of these terms and conditions, on the earliest, 21 (twenty one) days after they have been updated on the website or your use of the card. Should you not accept the amendments, you are entitled to terminate this agreement in terms of clause above.
- 12. ADDRESSES FOR NOTICES**
- 12.1 The street address supplied to us by you will be regarded as your chosen address where notices may be given and documents in legal proceedings under this agreement may be served on you. **It is your responsibility to ensure that the correct street address has been furnished.** You must immediately notify us in writing if your address or any other relevant information changes.
- 12.2 You should send any legal notice to us at our chosen address:
PO Box 1555
Fontainebleau
2032
- 12.3 You acknowledge that our agreement will be regarded as having been entered in the Republic of South Africa and any breach of this agreement and/or disputes relating to this agreement will be considered as having taken place within the Republic of South Africa.
- 13. FICA**
- 13.1 Bidvest is regulated under FICA. Under the provisions of FICA, certain balance and transactional limits apply to your account. This product may only be used by South African citizens and South African residents.
- 13.2 You may not have a balance of more than R25 000 (twenty five thousand Rand) on the card and may not make payments of more than R25 000 (twenty five thousand Rand) in a monthly cycle until you have upgraded to a higher level of FICA.
- 13.3 We are obliged to suspend the transactional capability of your account if you exceed the limits described. Once you have activated your card by SMS, you will have a transactional daily limit of R5 000 (five thousand Rand). You may not have a balance of more than R25 000 (twenty five thousand Rand) on the card and may not make payments of more than R25 000 (twenty five thousand Rand) in a monthly cycle. Should you wish to transact with larger amounts, you must fax a clear, certified copy of your South African Identity Document and proof of residence (utility bill or invoice no older than 3 months) to 086 691 3665 or info@healthcard.co.za. Once this has been done and your identity number verified, your daily transactional limit will be increased. However, you may still not have a balance greater than R25 000 (twenty five thousand Rand) and may not make payments of more than R25 000 (twenty five thousand Rand) in a monthly cycle before securing the necessary approval. This may include the suspension of whole or partial deposits.
- 14. NO LIABILITY**
- 14.1 You acknowledge and agree that:
- 14.1.1 You have and shall have no rights of any nature to any funds held in any account which is unrelated to you.
- 14.1.2 Despite anything to the contrary contained in these terms and conditions or otherwise, we shall have no liability of any nature and however arising to you.
- 15. CONFIDENTIALITY**
- 15.1 We will treat all your personal information as private and confidential (even when you are no longer a customer). Nothing about your account or personal information will be disclosed to anyone unless:
- 15.1.1 We are legally compelled to do so
- 15.1.2 It is in the public interest to do so
- 15.1.3 The disclosure is made at your request and with your written consent
- 15.1.4 You give us the necessary permission to store your personal information as provided by yourself to us
- 15.2 In order to process your transactions and to offer you better service, your personal information may be transmitted to a third party who may be in a foreign country. By accepting these terms and conditions you consent to the transfer of your personal information to such a third party.
- 16. GENERAL TERMS AND CONDITIONS**
- 16.1 You may not vary any of these terms and conditions.
- 16.2 South African law governs these terms and conditions.
- 16.3 Any favour or concession we may give you will not affect any of our rights.
- 16.4 We reserve the right to decline your application.
- 16.5 We may check by reference to third parties the correctness of any personal details given to us when activating your card and you consent to us doing so.
- 16.6 We have the right to request any further information or documents that we may legally require.
- 16.7 In the event of any contravention of the provisions of any South African law, you may be deprived of the use of the card.
- 16.8 If we take legal action against you to recover any amount due in terms of these terms and conditions, you will be liable for our costs (including all legal fees, collection commission and tracing fees) on the scale as between attorney and own client.
- 16.9 You agree that we may sue you in the Magistrates Court, even if the claim against you exceeds the jurisdiction of the Magistrates Court. You consent to the jurisdiction of the Johannesburg Magistrates Court, tracing fees on the scale as between attorney and own client.

Name

Date

ID number

Signature

D	D	M	M	Y	Y	Y	Y
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SIGNATURE
