



Membership department
PO Box 1101 Florida Glen 1703

Sasolmed application for membership (MEM 01)

Please use black ink to complete all sections and return as quickly as possible to ensure speedy registration.

Section 1 General

I hereby apply to be admitted as a member of Sasolmed, hereafter referred to as "the Scheme", and to register my dependants as per section 2 (where applicable).

I certify that all the information given is true and correct and agree that any false statement in this application shall render my membership null and void.

I hereby authorise my employer to deduct from my earnings any amount I may lawfully owe to the Scheme and to remit such amounts to the Scheme. I understand that I will be liable for any legal costs incurred in the recovery of any amount owing to the Scheme. I agree that Sasol will provide my banking details to the Scheme in order to refund me should there be any money owing to me.

I, and on behalf of my dependants, authorise any doctor or other persons who may be in possession of, or hereafter acquire information about my health or the health of any of my dependants, to disclose the information to the Scheme. My dependants and I also authorise the Scheme to disclose such information when it lawfully, clinically or medically necessary to do so.

As per the Medical Schemes Act, a person cannot belong to more than one medical scheme. I therefore declare that I, or any dependant applied for, am not a member of another medical scheme.

I agree to abide by the Scheme's rules and regulations as amended from time to time.

Applicant's signature

Signature _____ Date _____

Section 2 Personal details

Title (eg Prof, Dr, Mr, Ms, Miss, other) Initials Surname

Full names Date of birth

Postal address Postal code

ID number

Designation (eg manager/secretary/accountant)

Physical home address Postal code

Telephone (W) Telephone (H) Fax

Cell

E-mail address

Section 2 Personal details (continued)

For statistical purposes (Please mark with X)

Gender Male Female

Marital status Single Married Divorced Widowed

Other (specify) _____

Dependant's details

No	Full first names	Date of birth	Relationship* (spouse, son, daughter)	Sex (X)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Please remember copies of ID documents or birth certificate for principal member and dependants.

Section 3 Employer to please complete and sign

Date joined company Date joined Scheme Payroll number

If employment date differs from the join date on scheme, please complete Income category Number of dependants

Contributions are being deducted in accordance with the applicant's income and the number of eligible dependants, in terms of the appropriate contribution table set out by the Scheme's rules and regulations, amended from time to time.

Note: Please ensure all sections have been fully completed. If the number has included any dependant other than his/her spouse or children, please ensure the prescribed form MEM03 has also been completed and attached to this application.

Business unit code _____

Name _____

Signature _____ Date _____

