

## Individual application for Multiply Engage Plus

Email this completed and signed form to [MultiplyNewBusiness@momentum.co.za](mailto:MultiplyNewBusiness@momentum.co.za) or for more information call 0861 88 66 00.

Immediate membership start date  Future membership start date  DD -  MM -  YYYY

Name of medical scheme

Medical scheme membership number  Date of birth  DD -  MM -  YYYY

### Section 1: Member personal information (All fields are compulsory)

#### Main member

Title  Initial/s  First name

Surname

ID number  Date of birth  DD -  MM -  YYYY

Gender Male  Female

#### Required for passport holders only

Passport number  Date of issue  DD -  MM -  YYYY

Expiry date  DD -  MM -  YYYY

Country of issue

Nationality

Tax reference number  Tax residence country

Cellphone number  Telephone

Email address

Residential address

Postal code

**Please note:** We will use your cellphone number and email address to communicate with you in English.

**Partner** (All fields are compulsory)

**Note: The contact details cannot be the same as that of the main member.**

|           |                      |                          |                      |                          |                      |                      |   |                      |   |                      |                      |                      |                      |
|-----------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| Title     | <input type="text"/> | Initial/s                | <input type="text"/> | First name               | <input type="text"/> |                      |   |                      |   |                      |                      |                      |                      |
| Surname   | <input type="text"/> |                          |                      |                          |                      |                      |   |                      |   |                      |                      |                      |                      |
| ID number | <input type="text"/> |                          |                      |                          | Date of birth        | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender    | Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> |                      |                      |   |                      |   |                      |                      |                      |                      |

**Required for passport holders only**

|                      |                      |   |                      |   |                      |                      |                      |                      |                      |  |                       |                      |   |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|--|-----------------------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| Passport number      | <input type="text"/> |   |                      |   |                      |                      |                      |                      |                      |  | Date of issue         | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Expiry date          | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |                       |                      |   |                      |   |                      |                      |                      |                      |
| Country of issue     | <input type="text"/> |   |                      |   |                      |                      |                      |                      |                      |  |                       |                      |   |                      |   |                      |                      |                      |                      |
| Nationality          | <input type="text"/> |   |                      |   |                      |                      |                      |                      |                      |  |                       |                      |   |                      |   |                      |                      |                      |                      |
| Tax reference number | <input type="text"/> |   |                      |   |                      |                      |                      |                      |                      |  | Tax residence country | <input type="text"/> |   |                      |   |                      |                      |                      |                      |

|                  |                      |                      |           |                      |                      |                      |                      |                      |                      |                      |
|------------------|----------------------|----------------------|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Cellphone number | <input type="text"/> | <input type="text"/> | Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email address    | <input type="text"/> |                      |           |                      |                      |                      |                      |                      |                      |                      |

**Dependants**

**Note: Please complete all fields for each dependant.**

I confirm that I am the parent/guardian of any minor/s.

|                                     |    |                      |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
|-------------------------------------|----|----------------------|--|--|--|--|--|--|--|--|--|-----------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|
| First name                          | 1. | <input type="text"/> |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
| Surname if different to main member |    | <input type="text"/> |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
| ID number                           |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Date of birth               | <input type="text"/> | -                        | <input type="text"/> | -                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport number (if applicable)     |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Gender                      | Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> |                      |                      |                      |                      |
| Country of issue                    |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Relationship to main member | <input type="text"/> |                          |                      |                          |                      |                      |                      |                      |
| First name                          | 2. | <input type="text"/> |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
| Surname if different to main member |    | <input type="text"/> |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
| ID number                           |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Date of birth               | <input type="text"/> | -                        | <input type="text"/> | -                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport number (if applicable)     |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Gender                      | Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> |                      |                      |                      |                      |
| Country of issue                    |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Relationship to main member | <input type="text"/> |                          |                      |                          |                      |                      |                      |                      |
| First name                          | 3. | <input type="text"/> |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
| Surname if different to main member |    | <input type="text"/> |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
| ID number                           |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Date of birth               | <input type="text"/> | -                        | <input type="text"/> | -                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport number (if applicable)     |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Gender                      | Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> |                      |                      |                      |                      |
| Country of issue                    |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Relationship to main member | <input type="text"/> |                          |                      |                          |                      |                      |                      |                      |
| First name                          | 4. | <input type="text"/> |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
| Surname if different to main member |    | <input type="text"/> |  |  |  |  |  |  |  |  |  |                             |                      |                          |                      |                          |                      |                      |                      |                      |
| ID number                           |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Date of birth               | <input type="text"/> | -                        | <input type="text"/> | -                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport number (if applicable)     |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Gender                      | Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> |                      |                      |                      |                      |
| Country of issue                    |    | <input type="text"/> |  |  |  |  |  |  |  |  |  | Relationship to main member | <input type="text"/> |                          |                      |                          |                      |                      |                      |                      |

## Section 2: Banking details for membership fees (Multiply does not collect from credit card accounts.)

|  |                                  |                                  |                                       |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
|--|----------------------------------|----------------------------------|---------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| Name of account holder   | <input type="text"/>             |                                  |                                       |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| Name of financial institution  | <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"/> |                      |                      |   |                      |                      |                      |                      |
| Branch name  | <input type="text"/>             |                                  |                                       |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| Account type   | Current <input type="checkbox"/> | Savings <input type="checkbox"/> | Transmission <input type="checkbox"/> | Branch code          | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| Deduction date   | <input type="text"/>             | <input type="text"/>             | -                                     | <input type="text"/> | <input type="text"/> | -                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |   |                      |                      |                      |                      |
| I undertake to inform Multiply of any change in my bank details and I authorise Multiply to verify such bank details with the bank.    |                                  |                                  |                                       |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| I accept that Multiply may debit my account on a date other than specified should the chosen date fall on a weekend or public holiday. |                                  |                                  |                                       |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| Name of authorised signatory   | <input type="text"/>             |                                  |                                       |                      |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                      |                      |                      |
| Signature of account holder or authorised signatory  | <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"/> | <input type="text"/> |

## Section 3: Membership fees for 2023

**Monthly membership fees will be determined in accordance with your family composition.**

|                           |                          |      |
|---------------------------|--------------------------|------|
| Main member               | <input type="checkbox"/> | R175 |
| Partner/spouse            | <input type="checkbox"/> | R80  |
| Adult dependant (18+)     | <input type="checkbox"/> | R35  |
| Child dependant (7-17)    | <input type="checkbox"/> | R20  |
| Child dependant (under 7) | <input type="checkbox"/> | Free |

## Section 4: Acknowledgement of terms and conditions for Multiply

- I, the main member, hereby apply for my dependants and I to join Multiply Engage Plus which is administered by Momentum Multiply (Pty) Ltd (Multiply) and agree that I and my dependants will be bound by the terms and conditions and rules thereof.
- Multiply reserves the right to amend its rules and benefits unilaterally. A copy of the terms and conditions and rules can be obtained from <https://www.multiply.co.za/engaged/terms-and-conditions> or from the Multiply client contact centre on 0861 88 66 00.
- I undertake to obtain the necessary consents from any of my dependants to whom these terms and conditions and rules may apply and hereby indemnify Multiply against any claim which may arise as a result of my failure to do so.
- I consent to the recording of all conversations between me and Multiply and all information obtained through these conversations will form part of Multiply's records. I also consent to all these records remaining the sole property of Multiply.
- I acknowledge that Multiply reserves the right to cancel the membership applied for in this application if I or any of my dependants breach any of the terms and conditions or rules of Multiply Engage Plus which are subject to change from time to time.
- I understand that I will receive mandatory communication from Multiply as a legal requirement of my membership and that I am able to review and update my communication preferences by visiting the terms and conditions on the Multiply website.
- I understand that I may contact the Multiply call centre on 0861 88 66 should I wish to cancel my membership.
- If I have a complaint related to the product or services received, I understand that I should first refer the complaint to Multiply by calling 0861 88 66 00 or emailing [multiply@momentum.co.za](mailto:multiply@momentum.co.za) to resolve the complaint according to the internal complaints processes. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the National Consumer Commission by calling 012 428 7000 or emailing [complaints@thence.org.za](mailto:complaints@thence.org.za).
- I declare that the answers that I have provided in this application are true and complete. I understand that if my dependants and I are accepted as members of Multiply Engage Plus, my answers on this application will form the basis of the membership. I understand that it is my responsibility to ensure that the details provided in this application are true and complete for myself and my dependants, even if this application was completed by any other third party on my behalf.

## Section 5: Protection of personal information

Multiply, part of Momentum Metropolitan Holdings Limited, will keep your personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. Multiply requests your consent to collect, process and share your personal information for the purposes set out below. While your consent is voluntary, it is a requirement for membership to Multiply.

1. I confirm that I am authorised to provide consent herein on behalf of my dependants and that I have their permission to share such information with Multiply. 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 authorise and give consent to Multiply to collect, store, collate, process, and share my personal information and that of my dependants for purposes of my Multiply membership and the administration thereof and for fraud prevention, monitoring, analytical reviews and statistical purposes.
3. 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.
4. 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.
5. I understand that if I fail to provide the personal information required or if I am not willing to agree to the processing of my personal information, then Multiply will not be able to offer me the products or administer them.
6. I understand that I have the right to request my personal information which is under the control of Multiply provided that I furnish adequate identity and that a fee may be charged for this service.
7. I have the right to request Multiply where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
8. I consent to my personal information and that of my dependants being shared within Momentum Metropolitan Holdings Limited and its subsidiaries and Multiply service providers for the purposes related to my membership and to enable Multiply to allocate benefits which may include various discounts and cashbacks, as well as communication about Multiply Engage Plus.
9. I agree that Multiply may use my information for the purpose of marketing (including direct marketing) of products and services offered by Momentum Metropolitan Holdings Limited and its subsidiaries. Tick here if you do not wish to receive any direct marketing.
10. If I have a complaint related to the processing of my personal information, I understand that I should first refer the complaint to Multiply by calling 0861 88 66 00 or emailing multiply@momentum.co.za to resolve the complaint according to the internal complaints processes. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator at 010 023 5200 or via email at POPIAComplaints@infoeregulator.org.za.
11. The full privacy policy can be accessed at <https://www.multiply.co.za/engaged/privacy-policy>.
12. I declare that all my personal information and that of my dependants supplied to Multiply 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 Multiply of any changes to my personal information and that of my dependants should any of these details change.

|                          |                      |      |   |
|--------------------------|----------------------|------|---|
| Name of main member      | <input type="text"/> |      |   |
| Signature of main 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"/> <input type="text"/> |
| Name of partner          | <input type="text"/> |      |   |
| Signature of partner     | <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"/> <input type="text"/> |

## Section 5: Financial adviser (if applicable)

| Name | Broker house code | Financial adviser code | Commission reference number | Commission split % | Servicing adviser        |
|------|-------------------|------------------------|-----------------------------|--------------------|--------------------------|
|      |                   |                        |                             |                    | <input type="checkbox"/> |
|      |                   |                        |                             |                    | <input type="checkbox"/> |

|  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| Campaign name                            | <input type="text"/>         |                             |   |
| Combo sale (Multiply + another product)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |
| Signature of servicing financial adviser | <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"/> <input type="text"/> |