FINANCE APPLICATION

Membership Application Process

Option 1 (Physical Application): Complete the New Member Information form and return to sp@medi.coop or applications@medi.coop OR

Option 2 (Online Application): Apply online by visiting our website. Click here to start application process

For initial credit inquiries only. A complete formal application and supporting documentation are required for final approval.

Application Type

Apply As	Individual	Business	Business Type	Sole Prop	Inc	Pty (Ltd)	CC	Trust	Partnership	Other

Individual or Business Information

ID Number								ID / Business Registration No.	
Business / Practice Name									
Title	Dr	Adv	Mr	Mrs	Miss	Prof	Sir	Initials	
Full Names									
Surname									
Nickname									
Cell Phone								Email	
Physical Address									

Professional Body Information

HPCSA / Professional Registration Number			Field of Medicine (i.e. General Practitioner, Dentist, Specialist (Field), Allied Profession (Field)	
Existing / New Practice	New	Existing	Date when Business / Practice was Established (dd/mm/yyyy)	

Type and Value of Finance Required

Finance Requirement	Equipment Rental Finance	Business Loan	Practice Buy-In	Personal Loan	Approximate Value of Finance (Rand)	
Description of Finance / Equipment (Make/Model)					Desired Finance Period (Years)	1 2 3 4 5
Supplier / Distributor Name	HRI Medical Supplies T/A Redmark				New / Used Equipment	New ■ Used
Contact Person at Supplier / Distributor	Jeremy Robinson				Contact Number of Supplier / Distributor	

Terms and Consent

I/We, the applicant(s) and signatory(ies), declare that all information provided in this application is true, accurate, and complete to the best of my/our knowledge, with no material details withheld. I/We consent to SA Primary Medical Financial Co-operative Limited (MediCo), its affiliates, subsidiaries, or assigns, conducting identity, credit, and fraud prevention checks with credit bureaus, the Department of Home Affairs, the South African Fraud Prevention Service, or other relevant parties to verify application details, in accordance with the Protection of Personal Information Act (POPIA). I/We authorize MediCo to use photographs for identity verification, share account management updates (including non-compliance) with credit bureaus or other agencies, and disclose necessary information to fulfil contractual or legal obligations. I/We agree to MediCo's terms and conditions, as provided on our website (www.medi.coop).

Signature _____ Name _____ Date _____

Email the signed application form to SP Burger (Email: **sp@medi.coop** or WhatsApp: **+27 71 890 6690**)