HEALTHCOR PROJECTS SINCE1988

Healthcor Projects (Pty) Ltd,
an Authorised Financial Services
Provider, No. 17862

BARGAINING COUNCIL BCCCI CONTRACT CLEANING SERVICES INDUSTRY KZN

FAMILY *CRISIS PLAN*

EMPLOYER APPLICATION FORM

This form MUST be completed and returned to **Healthcor Projects (Pty) Ltd** to ensure your dependants are covered.
Leli fomu KUFANELWE ligcwaliswe bese libuyiselwa kwa **Healthcor Projects (Pty) Ltd** ukuqinisekisa ukuthi abondliwa bakho bakhavekile.

Please send this completed form with all relevant documentation to **support@healthcorsa.co.za**
For assistance please call **Healthcor Projects (Pty) Ltd** on **064 922 8489** or **083 278 4680**

PARTICIPATING EMPLOYER INFORMATION

COMPANY NAME		MEMBERSHIP STATUS	
NATURE OF BUSINESS		COUNTRY OF INCORPORATION	
TYPE OF BUSINESS		COUNTRY OF OPERRATION	
INDUSTRY		FACE TO FACE	YES ☐ NO ☐
TELEPHONE NUMBER	CODE	REGISTRATION NUMBER	
FAX NUMBER	CODE	NUMBER OF FULL TIME CLEANERS	(full time cleaners)

POSTAL ADDRESS	PHYSICAL ADDRESS
POSTAL CODE	POSTAL CODE

PAYROLL DETAILS

CONTACT NAME	
DESIGNATION	
TELEPHONE NUMBER	CODE
FAX NUMBER	CODE
EMAIL ADDRESS	

PAYMENT DETAILS

INCEPTION DATE	D D M M Y Y Y Y			
PAYMENT TYPE	☐	ELECTRONIC FUNDS TRANSFER (EFT)	EFT PAYMENT TYPE	
	☐	INDIVIDUAL DEBIT ORDERS	PLEASE NOTE THAT DEBIT ORDER DEDUCTIONS WILL BE DONE ON THE 1ST OF THE MONTH.	
	☐	GROUP DEBIT ORDER		

BANKING DETAILS (IF YOU ARE PAYING VIA DEBIT ORDER, PLEASE COMPLETE THIS SECTION)

ACCOUNT HOLDER'S NAME				
BANKING INSTUTION		ACCOUNT TYPE	☐	CURRENT
ACCOUNT NUMBER			☐	TRANSMISSION
BRANCH NUMBER			☐	SAVINGS
SOURCE OF FUNDS				

Having applied for the above cover and on acceptance of the group application by the insurer, I/the company hereby authorise/s the insurer to debit the abovementioned account, for the premiums payable under the above plan monthly in arrears, on the first day of the month in accordance with the Debit Order System. Such authorisation shall remain in force and effect until cancelled by myself/the Company, in writing with one calendar month notice.

FICA QUESTIONNAIRE

IS THE COMPANY REPRESENTATIVE (CONTACT PERSON) A DOMESTIC PROMINENT INFLUENTIAL PERSON (DPIP) OR FOREIGN PROMINENT PUBLIC OFFICIAL (FPPO) OR A CLIENT, ASSOCIATE OR FAMILY MEMBER OF A DPIP/FPPO?	YES		NO	

IF "YES", PROVIDE DETAILS BELOW:

NAME AND SURNAME OF DPIP/FPPO	
POSITION OF DPIP/FPPO	
RELATIONSHIP TO DPIP/FPPO	

IS THE GROUP A CLIENT OR ASSOCIATED WITH A DPIP/FPPO?	YES		NO	

IF "YES", PROVIDE DETAILS BELOW:

NAME AND SURNAME OF DPIP/FPPO	
POSITION OF DPIP/FPPO	
RELATIONSHIP TO DPIP/FPPO	

USE OF PERSONAL INFORMATION DECLARATION

I hereby consent to Groups R Us / Healthcor Projects (Pty) Ltd processing my personal information, including but not limited to, the administrative functions listed below.

- Processing this nomination;
- Processing of future instructions submitted;
- Sanction screening in terms of the Financial Intelligence Centre Amendment, no 1 of 2017 (FICA).

I consent to Groups R Us / Healthcor Projects (Pty) Ltd disclosing and transferring my personal information to any contracted 3rd party for the purposes of collecting premiums, claim assessments and statutory reporting and FICA sanction screening in connection with this contract.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing, in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from Groups R Us details of any of my personal information Groups R Us / Healthcor Projects (Pty) Ltd holds on my behalf and details of how my personal information has been processed.

Groups R Us / Healthcor Projects (Pty) Ltd will use its best endeavors to ensure your personal information is reliable, however it remains your responsibility to advise Groups R Us / Healthcor Projects (Pty) Ltd of any changes to your personal information in a timely manner. The information supplied to Groups R Us / Healthcor Projects (Pty) Ltd must be complete, correct and up to date.

I understand why my personal information is required and the purpose it will be used and I, hereby, give Groups R Us / Healthcor Projects (Pty) Ltd consent to process my personal information as provided above.

SIGNATURE OF EMPLOYER | PRINTED NAME OF EMPLOYER | DATE D D M M Y Y Y Y

DECLARATION

I/the Company declare that I/the Company have/has not withheld any information and I/the company accept/s that this application and declaration shall form the basis of the contract of insurance between Groups Are Us (Pty) Ltd and ourselves, which will become effective on the first day of the month for which premiums are paid. I/the company irrevocably authorise/s the Administrators to collect any relevant information that they deem necessary to assess and underwrite this application. Having authorised the Administrator to act on an electronic schedule I/the Company accept/s that it becomes our responsibility to inform and to obtain a mandate from the employee for premium deductions. I/the Company understand that a grace period of 30 days will be allowed. If the premium is not received within the grace period, the cover will lapse and no benefits will be payable.

	NAME OF AUTHORISED SIGNATORY	
	CAPACITY	
SIGNATURE	DATE	D D M M Y Y Y Y

Broker Details: Healthcor Project (Pty) Ltd. FSP Number: 17862
Tel: 064 922 8489/ 083 278 4680 PO B ox 1735, Umhlanga Rocks, 4320

Toll Free: 0800 800 030 | Call / WhatsApp: 064 922 8489 / 083 278 4680
PO Box 1735, Umhlanga Rocks, 4320

Administered by GROUPS R US INSURANCE PARTNERS

HEALTHCOR PROJECTS SINCE 1988
Healthcor Projects (Pty) Ltd
is an Authorised Financial Services Provider, No. 17862

Underwritten by Sanlam

Healthcor Projects (Pty) Ltd (CIPC Reg No. 1993/006077/07) is an authorised Financial Services Provider (FSP17862) and is underwritten by Sanlam Developing Markets (CIPC Reg No. 1911/003818/06), a licensed Life Insurer and authorised Financial Services Provider (FSP11230). Groups Are Us (Pty) Ltd t/a Groups R Us (CIPC Reg No. 2020/553498/07) is an authorised Financial Services Provider (FSP45735) and the appointed administrator.