

I.D.No. 561206 0056 08 9



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

GELDENHUYS



VOORNAME/FORENAMES

PETRO

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH



SUID-AFRIKA

GEBORTEDATUM/DATE OF BIRTH 1956-12-05



DATUM UITGEREIK
DATE ISSUED

1988-07-13

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL: HOME AFFAIRS

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam, er/af-nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

GEORGE A.C. VAN DYK
0425028-1 | 30/7/1987

KOMMISSARIS VAN EDE/
COMMISSIONER OF OATHS

Hoëveld Begrafnisdienste cc

Gedenkiaan / Avenue 7
Tel: 017 647 2674 • Sell: 082 494 7131

GESERTIFISEER 'N WARE AFSKRIF/
CERTIFIED A TRUE COPY

DATE
DATUM 23/11/16

I.D.No. 561206 0056 08 9



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Application to change the main member on the Discovery Health Medical Scheme



Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

The Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme. This is a non-profit organisation, registered with the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

This document is an application form to change the main member on an existing Discovery Health Medical Scheme membership. It also contains some rules for membership. Please make sure you read and understand the rules.

What you must do

Please go through these three steps:

Step 1: Fill in the form

Step 2: Read and understand the rules for membership

Step 3: Sign section 7 and 8.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

If you have any questions, please let us or your financial adviser know. Once we have assessed your application, we will let you know what will happen next.

How to complete this application form

- This form must be completed by the person applying to be the main member.
- Please use one letter per block, complete with black ink and print clearly.
- To avoid administrative delays, please ensure this application is completed in full.
- Once completed, please email to healthinfo@discovery.co.za

1. About your employer

Employer name Date of employment
Employee number
Branch name Branch number

2. About the new main member

Date membership of new main member starts Membership number
Title Initials Surname

First name(s) (as per identity document)

Preferred name Sex Male Female Date of birth

Marital status Married Single Divorced Widowed Preferred language English Afrikaans

Previous or maiden name (where applicable)

Tax number Occupation

Total monthly earnings R

ID or passport number Country of issue

Telephone (H) (W)

Cellphone Fax

Email

Postal address (Post collected from post box, suite or private bag)

PO Box Private Bag Box number

Suite Postnet Suite Number

Suburb Postal code

7. Fair Collection Notice – how we will process and disclose your Personal Information and communicate with you

1. This Fair Collection Notice (“Notice”) explains how we obtain, use, disclose and otherwise process personal information, which may include health and financial information (“Personal Information”), as required by the Protection of Personal Information Act (“POPIA”).
2. Acceptance of these terms and conditions is voluntary, but is a requirement for activation and servicing of your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your membership.
3. Please note:
 - a. We may amend this Notice from time to time. Please check our website periodically to inform yourself of any changes;
 - b. You have the right to object to the processing of your Personal Information;
 - c. Should you believe that we have utilised your Personal Information contrary to applicable law, you will first resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the Information Regulator, once established.
4. Discovery Health Medical Scheme and the administrator (we/us) will keep any information, including Personal Information relating to yourself and your dependants and/or beneficiaries, supplied to us in this application or collected from other sources (“Your Personal Information”) confidential.

You confirm that when you provide us with your Personal Information, your dependants and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes. In the event of you providing information and signing consent on behalf of a minor (person younger than 18 years old) you confirm that you are a competent person and authorised to do so on their behalf.
5. You agree to us processing and disclosing your Personal Information in the following manner:

We may collect, collate, process, store and disclose your Personal Information:

 - a. For the administration of your health plan;
 - b. For providing managed care services to you or any dependant/s on your health plan;
 - c. For providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your health plan;
 - d. To profile and analyse risk;
 - e. For academic research conducted by any company within the Discovery Group and/or contracted research and survey providers in South Africa as well as outside the borders of the Republic.

Examples of how this will happen includes:

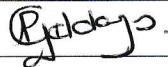
- a. Sharing your Personal Information with your chosen financial adviser during the application process to help the administrator, if necessary, while we process your membership application;
- b. Getting your Personal Information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies (“Sources”), and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the Sources that your Personal Information is true, correct and complete;
- c. Getting and sharing any information that is relevant to your application from or with your employer, if you have joined as a member of an employer group;
- d. Communicating with you about any changes in your health plan, including your contributions or changes and enhancements to the benefits you are entitled to on the health plan you have chosen;
- e. Transferring your Personal Information outside the borders of the Republic of South Africa where appropriate, for example to

- f. Making use of external health specialists to assess or evaluate certain clinical information. Your Personal Information will be shared with such specialist/s in the event that you or your dependants are subject to such a clinical assessment.
6. If asked to do so, we will share your Personal Information with a third party if you have already given your consent for the disclosure of this information to such third party or if a contractual relationship exists in terms of which we are obliged to provide the information to such third party
 7. We will provide your Personal Information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship or where you or your dependants have applied for a product or benefit from such entity. This information will be provided for the administration of your or your dependant’s products or benefits with other entities within the Discovery Group.
 8. We may provide any credit bureau or credit providers industry association with any information about your consumer credit record, including personal information about any judgement or default history.
 9. We and any entity within the Discovery Group will keep you updated on information about any offers or new products Discovery may make available at any time. Please contact us if you do not wish to receive any telephonic direct marketing information from us.
 10. If we want to share your information for any other reason, we will do so only with your permission.
 11. You have the right to request a copy of the Personal Information we hold about you. To do this, simply complete the ‘Data Subject Request Form’ on www.discovery.co.za/legal and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your Personal Information.

Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.

12. You have the right to contact and ask us to update, correct or delete your Personal Information.
13. You agree that we may retain your Personal Information until such time as you request us to destroy them (unless we are obliged by law to retain it, regardless of such request).
14. If the Scheme, the administrator or Discovery (Ltd), as the holding company of the administrator, becomes involved in a proposed or actual merger, acquisition or any form of sale of some or all its assets, we may use and disclose your Personal Information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to your Personal Information which would continue to be subject to this Notice.
15. Discovery Health Medical Scheme and the administrator are required to collect and retain information in terms of the following legislation (amongst others):
 - 15.1 The Medical Schemes Act, 1998
 - 15.2 The Consumer Protection Act, 2008
 - 15.3 The Protection of Personal Information Act, 2013
 - 15.4 Electronic Communications and Transactions Act, 2002
 - 15.5 Promotion of Access to Information Act, 2000Legislation specific to the administrator only:
 - 15.6 Financial Advisory and Intermediary Services Act, 2002.

Signature of main applicant



Please do not sign incomplete forms.

8. Rules for membership

8.1 Who "we" are

Discovery Health Medical Scheme, registration no 1125, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Discovery Health Medical Scheme, an authorised financial services provider and a subsidiary of Discovery Limited.

8.2 Rules for membership

Rules of the Discovery Health Medical Scheme records the rights and responsibilities for your membership of the Discovery Health Medical Scheme. They may change from time to time. You may ask Discovery Health (Pty) Ltd for a copy at any time.

When you sign this application, you confirm that you have read and understood the rules and you agree that you and those you apply for will be bound by them.

Where applicable you also acknowledge and confirm that the financial adviser you or your employer appointed, may communicate with us on all matters relating to this application and your membership of the Discovery Health Medical Scheme. Please speak to your financial adviser or us if there is anything you do not understand.

8.3 Acting for others

You understand that you take over the rights and responsibilities of the main member and become the main member yourself.

By signing this document, you confirm that:

- you have received permission from your spouse and any dependants over 18 to act for them in any matter relating to this application.

8.4 Giving information

You agree to always give the Scheme true, correct and complete information.

We may get information from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, you agree that we and the Scheme can get information about you and those you apply for from other relevant sources. These include any

entity that is part of Discovery Limited, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. Discovery Health (Pty) Ltd and Discovery Health Medical Scheme may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give on this application and in respect of any matter pertaining to or that arose during your membership of the Discovery Health Medical Scheme, is true, correct and complete. You give permission that the Discovery Health Medical Scheme may get any information that is relevant to your application from your employer.

8.5 About becoming a main member

You must ensure contributions are paid on time

As the new main member of the Scheme, you will now become responsible for ensuring that the contributions are paid on time every month.

Transfer of rights

When you take over the rights and responsibilities of the main member, you agree to become responsible for any debts that the previous main member may have incurred resulting from their membership of the Discovery Health Medical Scheme. By using your Medical Savings Account, you may incur certain debts or responsibilities that you will be responsible for if you end your membership with the Scheme.

If you are taking over the rights of the main member because of the death of the previous main member, these terms and conditions will apply similarly to you. Neither Discovery Health (Pty) Ltd nor the Discovery Health Medical Scheme will be responsible for any aspects relating to the deceased estate of the previous main member. By signing this application, you indemnify us against any claims from any third party resulting from the administration of the estate. This means that you agree to pay any amounts that the law says we must pay to a third party resulting from the administration of the estate.

We may record calls

We do record telephone conversations with you and with those you apply for.

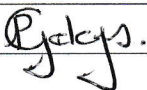
The recordings will be processed and stored as required by law.

Signed at (town or city)

E V A N D E R

on 2 0 1 6 1 2 1 3

Signature of main applicant



Signature of previous main member*

 Please do not sign incomplete forms.

* If the previous main member's signature cannot be obtained, please state the reason.

PREVIOUS MAIN MEMBER IS DECEASED

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I.D.No. 530813 5002 08 9



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VAN/SURNAME

GELDENHUYS

VOORNAME/FORENAMES

DERICK JUAN

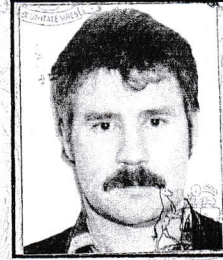
GEBORTEPLAAS/PLACE OF BIRTH
DISTRIK/DISTRICT

ZAMBIA

GEBORTE DATUM/DATE OF BIRTH 1953-08-13

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