



**Join
for only
R460
per month***

**R6100
Once-off
Joining Fee
applies***

Promedical Primary
Co-Operative Limited



**Promedical offer you a multitude of benefits!
The Co-Operative gives you:**

1. Direct Access to Capital.
2. Shares in Promedical Primary.
3. Locum options available.

Promedical Primary Co-Operative strives to share and build wealth for its members of the co-operative. To provide good quality products and services as well as access to capital for the members and to empower and serve the communities we serve and live in.

How to join:

Option 1:

Once-off payment for shares and admin fee (without loyalty Benefits):

1. Complete the application form and email to:
2. Pay the once-off fee of R6100.00 www.promedicalprimarycoop.com

Option 2:

Once-off payment for shares and admin fee + debit order R460 monthly for loyalty benefits:

1. Pay the once off fee of R6100.00
2. Complete the application form and email to: www.promedicalprimarycoop.com

Once-off Payments can be paid into the following account:

BANK: FNB
ACCOUNT NAME: Promedical Primary Cooperative
ACCOUNT NO: 62785054819
BRANCH CODE: 250655

- For any queries or assistance, you can contact 011 845 7897 or 081 321 1534.
- Once your application has been approved, you will receive your welcome pack with the constitution, membership card and login details to access the co-operative benefits.
- The welcome pack will only be issued to loyalty benefits and union membership members.

VALUE ADDED BENEFITS:

We've sourced these wonderful lifestyle benefits to protect & assist you when you need URGENT help.



HOME DRIVE

Have a party knowing we'll get you and your vehicle home in one piece.
Up to 6 events per annum.



EDUCATION BENEFIT

Online & telephonic support with homework, textbook summaries and Practice Tests.



FIX-MY-HOME BENEFIT

Services providers are despatched in the event of electrical & plumbing problems, locksmiths, glaziers or essential appliance repair.

3 Incidents per calendar year. This service includes call-out and 1st hour labour, but excludes costs related to parts.



ACCIDENT PROTECT

Legal comprehensive protection for any sticky situation you might find yourself in on the road, including RAF Claims.



M-TRAVEL

Your 1-STOP Travel Desk. See the world and get up to 40% discount on travel rates at more than 500 accommodation and other services nationwide!



CRIME ASSIST

In a tight spot? We'll help incase you are involved in a hijacking or home invasion!



LEGAL ADVICE

You enjoy 24/7 legal advice for when you are in a pinch. This a telephonic service only.



Membership Application

CALL 011 845 7897
www.promedicalprimarycoop.com

Promedical Primary
Co-Operative Limited



Personal details:

Name:	Surname:	
Tel / Cell No:	ID No:	
Physical Address:	City:	Postcode:
Email Address:		

Next of kin:

Name:	Surname:	
Tel No:	Cell No:	

Profession & Qualifications:

Profession:
Qualifications:

Payment Mandate:

<input type="checkbox"/> Monthly Debit Order Amount: R460pm	<input type="checkbox"/> **Once-Off (Own amount) Minimum of R6100. R	<input type="checkbox"/> Monthly + **Own Once-Off Please specify amount to be deducted including the R460pm debit order. R
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Account Name:	Branch:	
Bank Account No:	Name of Bank:	Branch Code:
Account Type: <input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	Debit Starting Date: dd ____ / mm ____ / yy ____	

Abbreviated Name:

(This will be the name appearing on your Bank statement)

****The once off payment can only be made by direct deposit or EFT:**

Bank Name: **FNB** Account Number: **62785054819** Branch Name: **Northmead Square** Branch Code: **250655** Account Type: **Cheque Account**

Declaration & Signature:

AGREEMENT

I/we hereby authorise Promedical to issue and deliver payment instructions to my / our banker for collection against my/our abovementioned account at my/our abovementioned bank.

The individual payment instructions so authorised to be issued, must be issued and delivered according to the abovementioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us.

I/we agree that the first payment instruction will be issued and delivered as per collection instruction.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I / We agree that the payment instruction may be debited against my / our account on the following or previous business day.

MANDATE

I / we acknowledge that all payment instructions issued by the Promedical User shall be treated by my / our abovementioned bank as if the instructions had been issued by me / us personally.

CANCELLATION

I / we agree that although this authority and mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / we also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the Promedical User.

ASSIGNMENT

I / we acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Signature of Applicant

Date of Application:

Agent Name:
Agent Cell No:
Agent Code:

Your application is subject to approval.