



APPLICATION FORM TO JOIN UNIVERSAL 360° ALPHA

New application form Yes No Adding additional dependants Yes No 360° Alpha membership no.:

A. DETAILS OF APPLICANT

Commencement date of 360° Alpha membership: (DD/MM/YYYY)

Title: Initial(s): Surname:

First name(s):
(as per identity document)

Marital status: Married Single Divorced Widowed Gender: Male Female

ID/Passport no.: Country of issue:

Date of birth: Language:
(DD/MM/YYYY)

Hobbies:

Sports:

Medical Scheme: Medical aid no.:

Employer name: Employer code:

Occupation:

B. CONTACT DETAILS

Postal address:

Code:

Residential address:

Code: Province:

Telephone no.(W): Telephone no.(H):

Cell no.:

E-mail:

I hereby give permission to Universal 360° and its partners to communicate with me. My preferred medium is: E-mail SMS

I herewith give permission to receive any information on additional services and products offered by the Universal Healthcare Group or any of its affiliated partners.

C. FAMILY MEMBERS TO BE INCLUDED IN 360° ALPHA

First name	Surname	Identity no.	Relationship to main member	Gender	Cell no.	E-mail
				M F		
				M F		
				M F		
				M F		
				M F		
				M F		

Contribution for members on medical aid schemes administered by Universal Healthcare Administrators, corporate clients of Universal Healthcare, employees of employer groups contracted with Universal Workplace Health Plan, as well as VIP stakeholders such as Universal Network healthcare service providers and brokers contracted with the Universal Group and its clients.

Tick the correct box for monthly contribution which is payable monthly in advance:

Single member R80 Family of two R92 Family of three to eight R97

D. FAMILY MEMBERS TO BE INCLUDED IN 360° ALPHA (CONTINUED)

Contribution for individuals who are not on a medical aid scheme administered by Universal Healthcare Administrators or not one of the corporate clients of Universal Healthcare

Tick the correct box for monthly contribution which is payable monthly in advance:

Single member R100 Family of two R115 Family of three to eight R124

E. BANKING DETAILS (IF NOT UNIVERSAL HEALTHCARE EMPLOYEE)

Please complete your banking details to confirm your authorisation for Universal 360° to deduct a monthly debit order to the value of the contribution as ticked above.

Bank name:	<input type="text"/>	Branch:	<input type="text"/>
Name of account holder:	<input type="text"/>	Branch code:	<input type="text"/>
Account type:	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings	Account no.:	<input type="text"/>
Date of debit order:	<input type="checkbox"/> 15th <input type="checkbox"/> 20th	Last day of the month	<input type="text"/>
Date of first deduction: <small>(DD/MM/YYYY)</small>	<input type="text"/>	I would like to pay up front until the end of the year	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note that we require payment in advance. Therefore, should you wish to join 360° Alpha now or during the course of the current month your first month's payment must be made via EFT beforehand with the following banking details:

Account name:	Universal Premium Collection Account	Branch name:	Business Banking Sandton
Bank:	ABSA	Branch code:	632005
Type of account:	Cheque	Reference:	Alpha + ID number
Account number:	40-7800-0933		

Please fax proof of payment to 086 504 1545 or e-mail to 360@universal.co.za.

I/We hereby authorise Universal Healthcare Services (Pty) Ltd or any subsidiary of Universal Healthcare (Pty) Ltd to debit my/our banking account (wherever it may be) with the amount necessary for any contribution and changes in relation to this agreement, as from inception date, monthly in advance.

SIGNATURE OF BANK ACCOUNT HOLDER

F. RETURN DETAILS

Please email the completed and signed form to 360@universal.co.za

G. TERMS AND CONDITIONS

Universal 360° is a division of Universal Healthcare Services (Pty) Ltd (registration number 2008/005871/07), a wholly owned subsidiary of Universal Healthcare (Pty) Ltd. No medical scheme has a shareholding in Universal 360°.

I, the undersigned do acknowledge and agree that:

- I have entered into this agreement with Universal 360°, a division of Universal Healthcare Services (Pty) Ltd.
- I have entered into this agreement as the principal member, either for myself, alternatively for myself and on behalf of my dependants and I shall be liable for all amounts owing in respect of the membership fees.
- I have familiarised myself with the terms and conditions, applicable from time to time, of Universal 360°. I in my personal capacity and for and on behalf of my dependants, accept same and shall adhere thereto. Universal 360° reserves the right to amend the terms and conditions from time to time which amended terms and conditions shall be available.
- This agreement is subject to terms and conditions, applicable from time to time, of the agreements entered into with our partners.

Membership fees

The membership fees payable to Universal 360° does not form part of my monthly medical scheme contributions. I understand that in order to be a 360° Alpha member, I do not need to be on a medical scheme that is administered by Universal Healthcare Administrators or belong to any medical scheme. Membership fees will be (as per the family size) payable monthly in advance.

Any products or services purchased from Universal 360° loyalty partners will be for the member's own account.

I hereby accept the terms and conditions
(full terms and conditions available on request)

DATE (DD/MM/YYYY)

SIGNATURE OF MAIN APPLICANT

SIGNATURE OF BANK ACCOUNT HOLDER
(if different from main applicant)

H. INTERMEDIARY DETAILS (IF APPLICABLE)

Name of brokerage:	<input type="text"/>	Brokerage code:	<input type="text"/>
Full name of Consultant /Agent:	<input type="text"/>		
Consultant/Agent Sub-code:	<input type="text"/>	Telephone no.:	<input type="text"/>
Fax no.:	<input type="text"/>	E-mail address:	<input type="text"/>

Signature of broker

Signature of consultant

Signature of applicant

Contact us

www.universal360.co.za / 086 155 LIVE (5483) / 360@universal.co.za

Physical address: Universal House, 15 Tambach Road, Sunninghill Park, Sandton, 2191 / Postal address: PO box 1411, Rivonia. 2128