

Resolution Health Medical Scheme

HOUSEHOLD INCOME VERIFICATION - FOUNDATION MEMBERS

Name & Surname

ID Number Telephone / Cell No:

Important: We cannot process your application form if you have not attached the correct documentation for us to verify your household income
(Please indicate with an "X" where applicable)

1. Working full-time: Number of persons in household

1.1 Certified personal Bank statements for the last 3 months (mandatory); and	<input type="checkbox"/>
1.2. Salary advice for the last 3 months; or	<input type="checkbox"/>
1.3. Letter from Employer, on a company letterhead or stamped with a company stamp, stating gross monthly income; or	<input type="checkbox"/>
1.4. Letter of appointment (when start date is not older than 30 days)	<input type="checkbox"/>

2. Studying full-time: Number of persons in household

2.1 Certified personal Bank statements for the last 3 months (mandatory); and	<input type="checkbox"/>
2.2. Official proof of enrolment or registration (no student cards, statements, invoices or acceptance letters)	<input type="checkbox"/>

3. Self-employed: Number of persons in household

3.1 Certified personal Bank statements for the last 3 months (mandatory); and	<input type="checkbox"/>
3.2. Audited financial statements (not older than 12 months); or	<input type="checkbox"/>
3.3. Latest income tax return; or	<input type="checkbox"/>
3.4. Letter from accountant or auditor confirming the member's gross monthly income	<input type="checkbox"/>

4. Unemployed: Number of persons in household

4.1 Certified personal Bank statements for the last 3 months (mandatory); and	<input type="checkbox"/>
4.2. Latest proof of unemployment, retrenchment	<input type="checkbox"/>

5. Disabled: Number of persons in household

5.1 Certified personal Bank statements for the last 3 months (mandatory); and	<input type="checkbox"/>
5.2. A certificate from the Physician to prove disability must be attached; or	<input type="checkbox"/>
5.3. Proof of disability grant; or	<input type="checkbox"/>
5.4. Affidavit as per the prescribe form; or	<input type="checkbox"/>
5.5 Official proof from SARS in the form of the ITR-DD form	<input type="checkbox"/>

6. Pensioners: Number of persons in household

6.1. Grinrod Bank Statement of the last 3 months; or	<input type="checkbox"/>
6.2. Pension Fund Statement of the last 3 months; and	<input type="checkbox"/>
6.3 Latest income tax return (if the member is not registered, a letter from SARS is required); and	<input type="checkbox"/>
6.4 Certified Bank statements for the last 3 months (mandatory)	<input type="checkbox"/>

REFERENCE & CREDIT BUREAU CONSENT

I / We hereby consent to you or your administrator/s making enquiries to my/our credit records and references with any credit reference agency or any third party to confirm the details provided. I confirm that this consent shall apply in every respect to every director, shareholder, member and/or associate of the applicant. I / We irrevocable authorise Resolution Health Medical Scheme or their administrator to obtain from any person any information that Resolution Health Medical Scheme requires to assess the information contained in this application

Signed at _____ on this _____ day of _____ / _____

Signature of Applicant