

# Resolution Health Medical Scheme

## MEMBERSHIP CARD REQUEST FORM

**Incomplete request forms will not be accepted.** Kindly complete all sections in BLACK ink and forward your card request form to [cardrequest@resomed.co.za](mailto:cardrequest@resomed.co.za) or fax it to 086 513 1438.

Membership Number																									
Surname																			Title						
First Name(s) (in full)																			Initials						
ID Number							Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F							
Email Address:																									
Cell phone Number:							Fax Number:																		
Postal Address:																									

Reason for requesting a new card: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE

Signature of Applicant

### INTERMEDIARY / EMPLOYER GROUP DETAILS

Brokerage / Firm / Employer Name																									
Address													Broker / Firm / Employer code												
							Code																		
Full Name of Consultant / Agent / Group Contact																									
Telephone Number							Email Address																		
Fax Number																									

1. By my signature hereto I confirm as follows:
  - 1.1 I am entitled to make this request on behalf of the member(s) concerned;
  - 1.2 I have been instructed to lodge this request with the Administrator of the Scheme by the member(s) listed herein;
  - 1.3 I am entitled to receive the materials requested herein on behalf of said listed members and have been authorised thereto by him/her/them;
  - 1.4 I undertake to forward the materials requested herein to the applicable member(s) and/or employers and/or employees (as applicable) immediately upon receipt;
  - 1.5 I indemnify the Resolution Health Medical Scheme, Agility Global Health Solutions (Pty) LTD and Agility Channel (Pty) LTD (inclusive of all of their holding and/or subsidiary Companies where applicable). as well as all of their employees and officers) against all and any loss of whatsoever nature and howsoever occasioned resulting from this request.

SIGNATURE

Signature of Intermediary / Employer