ANNEXURE A1

MINISTRY OF FINANCE

APPLICATION AS HEALTHCARE SERVICE PROVIDER

Applicant Details

To be completed and submitted for an Application as Healthcare Service Provider for the Public Service Employees' Medical Aid Scheme ("PSEMAS").

1. Personal Details of Applicant

Surname	
Given Name(s)	
Country and Town of Birth	
Nationality	
Country of Residence	
Gender (Male/Female)	
Location of place of employment	
If multiple, state locations	

Identification Number

	Include a certified copy of identification	REF

Passport Number (if applicable)

	Include a certified copy of passport	REF

Visa/Permit Number (if applicable)

	Include a certified copy of Visa/Permit	REF

Direct Business Telephone Number/Mobile Number

Email Address

Postal Address

Residential Address

2. Profession and qualifications

Medical Doctor (tick "✓" if applicable) ☐

Professional Nurse (tick "✓" if applicable) ☐

Pharmacist (tick "✓" if applicable) ☐

Dentist (tick "✓" if applicable) ☐

Other (specify) (tick "✓" if applicable) ______________________ ☐

Educational qualifications

Qualification	Year	Institution

Professional qualifications

Professional Body	Year	Status

3. Employment history for the last 10 years (start with the most recent)

3.1

Employer's Name	
Type of Business	
Address	
Contact Number	
Contact Email	

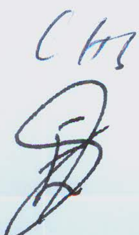
Brief description of position	
Start date	
End date	

3.2	
Employer's Name	
Type of Business	
Address	
Contact Number	
Contact Email	
Brief description of position	
Start date	
End date	

3.3	
Employer's Name	
Type of Business	
Address	
Contact Number	
Contact Email	
Brief description of position	
Start date	
End date	

4. Required documentary proof

	Document (Certified Copies)	**Date registration**	✓
4.1	Proof of NAMAF Registration		
4.2	Proof of professional indemnity insurance cover		
4.3	Proof of Health Professions Council Registration		
4.4	Proof of relevant association membership		
4.5	Proof of inspection certificate from Ministry of Health and Social Services		
4.6	Proof of registration under section 22 A of the Medicines and Related Substances Control Act, 1965 (Act No. 101 of 1965) (where applicable)		
4.7	Proof of status and registration (e.g. close corporation, company, partnership)		
4.8	Certificate of good standing from Receiver of Revenue		
4.9	Certificate of good standing from the Social Security Commission		



ANNEXURE A1

DECLARATION

I, the undersigned, hereby declare that:

(a) I have read the PSEMAS Terms and Conditions and hereby, without reservation, bind myself thereto and agree to abide thereby;

(b) to the best of my knowledge and belief the statements made and the information supplied in this questionnaire and the attachments are correct and that there are no other facts that are relevant to the assessment of my suitability as a healthcare practitioner;

(c) I understand that the Ministry of Finance may seek additional information from any third parties it deems necessary in view of assessing my suitability as a healthcare practitioner and I consent to their undertaking checks and searches as part of their due diligence; and

(d) I undertake to bring to the attention of the Ministry of Finance any matter which may potentially affect my status as being a healthcare service provider as and when it occurs.

APPLICANT

Print Name:	
Signature:	
Date:	__/__/____

MINISTRY

Print Name:	
Signature:	
Date:	__/__/____

COMMISSIONER OF OATHS (FOR APPLICANT)

Print Name:	
Signature:	
	STAMP

FOR OFFICE USE

Name Of Healthcare Service Provider:	
NAMAF No.:	
PSEMAS No.:	
ACCEPTED/DECLINED:	
Reasons:	
Printed Name	
Signature	
Date:	