

Employer Information Form for Discovery Emergency Cover 2027



Contact us

Tel: 0860 444 779; 1 Discovery Place, Sandton, 2196; PO Box 784262, Sandton, 2146; www.discovery.co.za.

Who we are

Discovery Emergency Cover is a non-life insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, a licensed non-life insurer and an authorised financial services provider.

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally.
- This form ("the Information Form") must be completed and returned to Discovery Emergency Cover together with the signed Discovery Emergency Cover employer contract for registration of the Product. The signed quotation, this Information form and the employer contract together will constitute your agreement with Discovery Emergency Cover for the Product.
- Email the signed employer contract and this Information form to GroupApplication@discovery.co.za.

1. About your organisation

When do you want your cover to start?

D	D	M	M	Y	Y	Y	Y
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Name of employer

Registration number

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Employer number

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VAT number

--	--	--	--	--	--	--	--

Branch number 1

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Branch number 2

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Branch number 3

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Branch number 4

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Branch number 5

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Payment method

Debit order ☐ EFT ☐ Advanced ☐ Arrears ☐

Total number of principal members joining Discovery Emergency Cover

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Legal entity, for example (Pty) Ltd

Physical address

Unit/Suite number

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Complex/Building

Street number

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Street name

Suburb

City

Postal code

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Postal address (Post collected from post box, suite or private bag)

If you do not complete a postal address, we will use your physical address for the post.

☐ PO Box

☐ Private Bag

Box number

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☐ Suite

☐ Postnet Suite

Number

--	--	--	--	--	--	--	--

Suburb

City

Postal code

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In what industry do you operate? Please tick the applicable block.

Mining and mining resources

☐

Financial Services

☐

Retail

☐

Construction/building

☐

Manufacturing

☐

Hotel/leisure/entertainment

☐

Professional services

☐

Education

☐

Religious organisations

☐

IT

☐

Other (please specify)

COVID (workman's compensation) registration number

2. Your organisation's contact person

2.1. Contact person (This is the Employer contact person who is authorised to deal with us and send us financial and other changes for your Employees)

Title		Initials	
Surname			
First name(s) (as per identity document)			
ID or passport number		Employee number	
Telephone (H)		Telephone (W)	
Cellphone			
Email			
Designation(s)			

3. Banking details for your monthly contributions (if applicable)

You may only provide a South African bank account. Payment of all fees will be in advanced and by means of a debit order, unless you have an existing payment arrangement with discovery Health, in which case that payment arrangement will also be applied to the fees payable in terms of this product. If the product is not activated prior to the debit order submission, the initial fee will be included in the following month's debit order.

Please note: We do not accept credit card details and you can only use a South African bank account.

Bank name			
Branch name		Branch code	- -
Account number		Type of account	Cheque ☐ Savings ☐
Name of account holder			
Authorised signatory (ies) on behalf of the employer and employees duly authorised:			
Name(s)		Name(s)	
Designation(s)		Designation(s)	

4. Discovery Emergency Cover Debit Order Mandate

Annexure D: Discovery Emergency Cover debit order mandate

Note: If you submit the request to change banking details within five days of the next debit order date, we might still process the debit order on the old bank account. We need a minimum of five days' notice to update banking details.

Supporting documents required

Please complete and sign the online *Request to change banking details form* and send it to us with the documents listed below for each type of bank account. Please only send the documents relevant to your update. We only need the documents if you are using one of the bank account types listed below.

If you use **another person's** bank account (for example that of your spouse, aunt, uncle, friend, father, son), we need:

Proof of the account, like a copy of the bank statement (the proof must not be older than three months before the day you send it to us).

A copy of the ID, passport or driving licence of the main member and the bank account owner.

If you use a **joint** account, we need:

Proof of the account, like a copy of the bank statement or a letter from the bank on a bank letterhead (the proof must not be older than three months before the day you send it to us).

A copy of the ID, passport or driving licence of each of the joint account owners.

If you use a **company** account, we need:

Proof of the account, like a copy of the bank statement or letter from the bank on a bank letterhead (the proof must not be older than three months before the day you send it to us).

A copy of the ID, passport or driving licence of each signatory (the person who has authority to sign on behalf of the company).

A letter of authority with the details of all the signatories and the policy or membership details.

A copy of the company's certificate of registration.

If you use a **trust** account, we need:

Proof of the account, like a copy of the bank statement or a letter from the bank on a bank letterhead (the proof must not be older than three months from the day that you send it to us).

A copy of the ID, passport or driving licence of each of the trustees of the account.

A copy of the trust's certificate of registration.

A copy of the trust resolution with the details of all the trustees.

Name of accountholder	
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Unit/Suite		Complex/Building	
Street number		Street name	
Suburb			
City			Postal code

☐ PO Box	☐ Private Bag	Box number													
☐ Suite	☐ PostNet Suite	Number													
Suburb															
City										Postal code					
Bank name															
Branch							Branch code			-			-		
Account number											Type of account	Cheque ☐	Savings ☐		
Amount											.				
Date											To: (name of payer)				

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In addition to the above terms, the accountholder must agree to the following

I confirm that I have the right to give Discovery Emergency Cover the authority to debit this account monthly. I will also be responsible for any claims, losses or damages of any kind arising out of debits Discovery Emergency Cover makes to the account as listed above, if:

This account doesn't have enough money

The details are incorrect or if it is held in the name of any other person

I hereby authorise Discovery Emergency Cover to verify the banking details I gave above to set up a debit order.

I confirm that the account listed above complies with the Financial Intelligence Centre Act (FICA).

I confirm that if I miss a premium collection date, I authorise Discovery Emergency Cover to deduct a double debit of my premiums the following month.

I, _____

(full names and surname according to your identity document), as the accountholder, give Discovery Emergency Cover and its subsidiaries in their relevant capacities permission to change my banking details.

Signed at (town or city) _____

on

D	D	M	M	Y	Y	Y	Y
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Signature of accountholder _____

Please only sign if you have read and understand this statement

5. Your financial adviser's details (to be completed by your financial adviser)

Financial adviser's name _____

Code _____

Intermediary house _____

Code _____

Financial adviser's telephone number (W) _____

Lead number _____

Email _____

Bank reference number (if applicable) _____

(Mandatory for all ABSA and FNB financial advisers)

Declaration

I declare that I have read, understood and agree to the broker declaration on www.discovery.co.za/portal/rules.

I declare that:

- 5.1. I am an accredited financial adviser in terms of the Medical Schemes Act and licensed by the Financial Services Board in terms of the Financial Advisory and Intermediary Services Act at the date of signing this application form.
- 5.2. I am appointed by the employer to provide advice about this application.
- 5.3. I have a valid contract with Discovery Emergency Cover and I have made the client aware of the commission payable Discovery Emergency Cover.
- 5.4. I am responsible for providing the employer and its employees with:
 - my name, physical address, postal address and telephone number.
 - impartial advice that is in his or her best interest.
- 5.5. I am accountable for any advice given to the organisation and its employees about completion of this application form and joining Discovery Emergency Cover.

Signature of financial adviser _____

Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if information is true, complete and correct.

6. Terms and Conditions

- 6.1. You confirm that you have read and understood the Discovery Emergency Cover employer contract and you agree to be bound thereby.
- 6.2. You understand that the information provided to Discovery Emergency Cover in this Information Form will be regarded as personal information as envisaged in the Privacy Statement and the Discovery Emergency Cover employer contract.

7. Signature

You warrant that you are the organisation's contact person listed in section 2 and you are duly authorised to sign this Information Form on behalf of the Employer and that all information stated on this Information Form is true, correct and complete.

Signed at (town or city) _____

on

D	D	M	M	Y	Y	Y	Y
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Signature _____

Please only sign if information is true, complete and correct.

Designation _____

8. Privacy Statement

When you engage with Discovery, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants, beneficiaries and lives assured, where applicable.

You can view and read our Privacy Statement on our [website](#) or follow this path: [www.discovery.co.za](#) and scroll to the bottom of the screen. Under 'ABOUT US' click on the **Privacy** link.

By signing this application form and its annexures, you agree to, and understand, the terms and conditions of the contract and our Privacy Statement.

Signed at (town or city)

on

D

D

M

M

Y

Y

Y

Y

Please print name

Signature of person giving permission