

SECTION 4: BANK DETAILS

Funds will be deducted on the first working day of each month. Please confirm the start date

D	D	M	M	Y	Y	Y	Y
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I authorise PPS Healthcare Administrators Proprietary Limited to debit my bank account in respect of my monthly savings and to deposit any credits due to me into my bank account. Your PPS Wallet account will be activated once your first debit order has been successfully collected.

Name of account holder

Name of bank

Branch name

Branch code

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Account number

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Type of account

Cheque	Transmission	Savings
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Signature of account

D	D	M	M	Y	Y	Y	Y
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SECTION 5: MARKETING CONSENT

In order to comply with the requirements of the Protection of Personal Information Act and to respect your choices, PPS Group requires your consent to contact you regarding new products and services which may be beneficial to you, including promotions and research.

I consent

I do not consent

NOTE: No marketing communication will be sent if the "I do not consent" box has been ticked. However, please note that communication may be sent regarding changes or enhancements to any existing products that you may have with PPS Group.

SECTION 6: MANDATE TO PPS HEALTHCARE ADMINISTRATORS PROPRIETARY LIMITED

In this application form, the term "we" or "us" could refer to PPS Healthcare Administrators (PPSHA) and/or its employees and officers.

- 6.1 I agree and acknowledge that PPSHA, will be providing administration services in relation to your PPS Wallet account.
- 6.2 You hereby authorise us to open a PPS Wallet account in your name with Standard Bank South Africa (SBSA) and to:
- 6.2.1 open, operate, manage, administer, and close the PPS Wallet account as may be requested by you from time to time;
 - 6.2.2 grant us the necessary authority to perform such services on the PPS Wallet account as may be required; and
 - 6.2.3 negotiate the fees and interest rate applicable to the PPS Wallet account with SBSA.
- 6.3 Any interest earned on positive balances will annually be added to the available balance of your PPS Wallet. Interest is earned at Prime - 4.1%.
- 6.4 SBSA is entitled to act on all instructions given to it by us on your behalf in respect of the PPS Wallet account.
- 6.5 You acknowledge that you will not be able to transact directly with SBSA. All transactions must be addressed to and actioned by us as the administrator. You will receive confirmation of transactions via monthly account statements from us.
- 6.6 We will be responsible for the provision of income tax certificates.
- 6.7 You assume, except insofar as there may be a right of recovery against us, all risks connected with the services provided by us.
- 6.8 You unconditionally absolve and indemnify us and SBSA from and against all and any loss, damage, costs and expenses which you or any other person whatsoever, including any minor children, may sustain or incur, either directly or indirectly as a result of paying any amounts into the bank account of a third party.
- 6.9 All warranties given or statements made by you in terms hereof are deemed to be given or made in favour of us and we will be deemed to have accepted the benefits given us by this Mandate when we receive any funds from you.
- 6.10 We shall ensure that strict internal controls and processes are implemented to protect your savings and Personal Information.

- 6.11 You acknowledge that:
 - 6.11.1 PPSHA is an accountable institution as defined in the Financial Intelligence
 - 6.11.1.1 identifying you;
 - 6.11.1.2 knowing details about the transactions;
 - 6.11.1.3 keeping records in relation to the above; and
 - 6.11.1.4 to provide same to SBSA.
 - 6.11.2 Upon termination of the PPS Wallet account, the funds and any interest earned to the credit in your PPS Wallet account will be paid to you;
 - 6.11.3 SBSA will have access to the information provided to us for the purposes of the PPS Wallet account as well as to comply with its obligations in terms of legislation.
- 6.12 We undertake that we will advise SBSA in writing of the termination, variation, amendment or modification of this Mandate or if this Mandate is terminated.
- 6.13 You consent to us disclosing any communication between you and us relating to the PPS Wallet account to SBSA, and SBSA shall have the right to intercept, monitor and retain any such communication.
- 6.14 You warrant that the savings which will form the subject of this Mandate do not emanate from, nor are they the proceeds of any unlawful activity whatsoever.

SECTION 7: CLIENT DECLARATION

I, _____, hereby confirm that:

- all information provided in this form and all other documents signed by me, whether in my handwriting or not, is correct;
- I am responsible for the accuracy and completeness of all answers, statements or other information provided by me or on my behalf;
- I will inform you if any of the information supplied changes; and
- I have not received advice from PPS Healthcare Administrators or any of its representatives.

I declare that I have examined the information completed on this form and to the best of my knowledge believe it is true, correct, and complete; and I have read, understand and agree to the Product Terms and Conditions which may change from time to time.

Client signature _____

D	D	M	M	Y	Y	Y	Y
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PPS Healthcare Administrators Proprietary Limited is an Authorised Financial Services Provider, FSP no. 51910.
 Contact: 012 679 4049 or ppswallet@ppsha.co.za.

PPS Wallet is not an insurance policy or medical scheme product.

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