

# INTERN MEMBERSHIP RENEWAL

Scheme of co-operation with SAMA

0800 225 677 (Toll free) | mps@samedical.org

Medical Protection



If your internship is not in South Africa please telephone: 0800 225 677 (Toll Free) or (012) 481-2070, or fax: (012) 481-2061. Email: mps@samedical.org. **Please complete this form in BLOCK CAPITALS and ensure you SIGN and DATE as required.**

New address

---

---

---

---

---

---

---

Please state which hospital you will be working at:

---

---

---

Subscription fee **R 120.00**

Membership number

---

Subscription due

---

HPCSA number

---

**IMPORTANT:** As a professional organisation protecting you in your career, we expect you to tell us about any current or previous criminal convictions, police cautions, disciplinary or similar issues you are or may have been involved with in the past. If any of these apply to you, please provide dates and details below:

---

---

---

---

---

---

---

---

---

---

## Method of payment

I wish to pay my subscription in accordance with the following instructions: Please tick **ONE** of the following options as appropriate:

**1. Cheque**  Crossed and made payable to: Medical Protection Society (No Instalments) **R**

**2. Annual Direct Debit**  Please charge to my bank account on the next available month end **R**

Bank Details: Medical Protection Society, Standard bank, Hatfield, Pretoria. Branch code: 011545. Cheque Acc No: 011945532

---

**Direct Order Authority and Debit Order details**

I hereby request and authorise MPS to draw against my account with the bank indicated below (or any bank or branch to which I may transfer my account) the amount necessary for payment of my annual membership fees to MPS. I hereby request and authorise MPS to arrange with my bank for the payment accordingly.

I agree to pay all bank charges in connection with this instruction and agree that this authority will remain in force as long as I remain a member of MPS. In the event of my membership of MPS being terminated, then upon confirmation by MPS, this authority will terminate likewise. I further agree that receipt of this instruction by MPS shall be regarded as receipt thereof by my bank and understand that the payment hereto authorised will be processed by the bank electronically and that details of each payment will appear on my bank statement or on an accompanying voucher and I will advise MPS immediately it does not appear.

I confirm the details provided in this authority are correct in all respects.

Account type (please tick)

Current  Transmission  Savings

Name of account holder

---

Name of bank or building society

---

Branch name No.

---

Account number

---

**Signature**

---

**Date** (DD/MM/YYYY)

---

**IMPORTANT! – Please read the following**

**Your personal information**

At times we will ask you to provide us with personal information including, but not limited to, when you apply for membership, change your membership, your subscription is renewed, your scope of practice changes and if you seek and we provide assistance to you. In applying for membership and by continuing as a member you agree that (i) we may hold and process your personal information, which you provide to us or which we fairly obtain from another source for the purposes of processing any application for membership, the administration and provision of membership services, providing you with benefits of membership (including, but not limited to, advice, assistance and indemnity), underwriting, risk assessment, marketing, education, research and audit during your membership and for a reasonable period after your membership terminates or an application for membership is rejected by us or withdrawn by you and (ii) we may share such information with third parties who may also hold and process the personal information for the same purposes.

You also agree that (i) we may seek information relevant to any purpose for which you have agreed we may hold personal information from other professional defence organisations, insurance companies, employers or other third parties regarding your professional practice and career history and that they may release such information (ii) your personal information may be transferred to, held and processed within the European Economic Area (EEA) and (iii) if you provide us with an email address or telephone number it may be used by us and third parties to contact you for any of the purposes for which you have agreed to allow us or them to hold or process your personal information.

**Please read, sign and add the current date below**

By signing and returning this form you confirm that:

- (i) You wish to renew your membership/apply for membership of MPS subject to the Memorandum and Articles of Association
- (ii) You understand that any failure to disclose full and accurate details could result in the suspension or withdrawal of membership benefits and/or the cancellation and/or termination of membership
- (iii) You understand that membership is not conferred automatically and is subject to approval by MPS
- (iv) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits
- (v) You will inform us if your personal circumstances or scope of practice changes.

Please check that you have completed a payment instruction form telling us how you would like to pay for your subscription and please tick here to confirm that the form is enclosed.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. If you do not wish to receive such information, either via post or email, please tick here.

<b>Telephone (home)</b>	<b>Telephone (work)</b>
<b>Fax</b>	<b>Cell</b>
<b>Email</b>	
<b>Signature:</b>	<b>Today's date: (DD/MM/YYYY)</b>

**Please remember to inform us promptly if your personal circumstances or scope of practice change.**

**Medical Protection – South Africa  
Contact information**

**A scheme of co-operation between  
Medical Protection and SAMA  
South African Medical Association**

Block F, Castle Walk Corporate Park  
Nossob Street  
Erasmuskloof Ext3  
Pretoria, 0181  
South Africa.

Postal address:  
P.O. Box 74789  
Lynnwood Ridge  
Pretoria, 0040  
South Africa

**T** (012) 481-2070  
**F** (012) 481-2061  
**E** [mps@samedical.org](mailto:mps@samedical.org)

