



**ASSOCIATE MEMBERSHIP FORM - STUDENTS  
GE-ASSOSIEERDE LIDMAATSKAP VORM - STUDENTE**

<b>A</b> General Information / Algemene Inligting										
PSSA Number: AVSA Nommer:	<b>FOR OFFICE USE VIR KANTOOR GEBRUIK</b>				<b>South African Pharmacy Council Registration Number: Suid-Afrikaanse Aptekersraad Registrasienuommer:</b>			<b>COMPULSARY VERPLIGTEND</b>		
ID-Number/ID-Nommer:					Sex/Geslag:	Male Manlik		Female Vroulik		
Surname/Van:					Maiden Name/Nooiensvan:					
First names/Voorname:					Title/Titel:					
Date of Birth: Geboortedatum:					<b>YEAR OF STUDY: STUDIEJAAR:</b>	<b>COMPULSARY VERPLIGTEND</b>				
<b>Race / Ras:</b>	<input type="checkbox"/> African / Afrikaan <input type="checkbox"/> Coloured / Kleurling <input type="checkbox"/> Indian / Indiër <input type="checkbox"/> White / Blank									
Language for correspondence: Taal voorkeur:	Afrikaans Afrikaans		English Engels		<b>Name of University: Naam van Universiteit:</b>	<b>COMPULSARY VERPLIGTEND</b>				
Postal Address: Posadres:					Physical Address: Woonadres:					
	City: Stad:					City: Stad:				
	Code: Kode:					Code: Kode:				
Province/Provinsie:					Country/Land:					
Home Tel No/Huis Tel No:					Fax No/Faks No:					
Cell Phone No / Selfoon No:					E-mail/E-Pos:					

\*Please note that it is possible to work in the geographic area of one branch, e.g. Southern Gauteng, and live in the geographic area of another branch, e.g. Pretoria. In a case like this, you would be free to choose membership of either branch.

\* Let asseblief daarop dat dit moontlik is om in die geografiese gebied van een tak te werk, bv. Suid-Gauteng, maar u woon in die geografiese gebied van 'n ander tak, bv. Pretoria. In sulke gevalle kan u kies aan watter tak u wil behoort.

<b>B</b> Primary sector / Primêre sektor
STUDENTS / STUDENTE

I hereby make application for membership of the Society and in so doing undertake, upon admission, to abide by the Constitution, Codes of Practice and Ethics, Rules and Regulations of the Society, and of any branch or sector of the Society in which my membership may from time to time be located – as currently in force and as may from time to time be amended.

Ek doen hiermee aansoek om lidmaatskap van die Vereniging en indien aanvaar, onderneem ek om die Grondwet, Etiese Kodes en Reëls en Regulasies van die Vereniging en van enige tak of sektor van die Vereniging waarin my lidmaatskap huidiglik staan of van tyd tot tyd gewysing mag word.

Signature: \_\_\_\_\_  
Handtekening: \_\_\_\_\_

Date: \_\_\_\_\_  
Datum: \_\_\_\_\_



Dear Student

### **PPS PROFESSIONAL INDEMNITY PROVIDER**

PSSA, in one of its previous correspondences, communicated the appointment of Professional Provident Society (PPS) as the official broker for the Professional Indemnity Provider, underwritten by HOLLARD Insurance Company Ltd.

All PSSA pharmacist members, who have the Professional Indemnity Provider product through PSSA and have completed the notification on the proposal form, will automatically become members of PPS. This will entitle the selected pharmacists to PPS' full range of insurance, investment and healthcare products.

PPS will be, in due course, contacting PSSA members who have taken up the Professional Indemnity Provider in order to highlight the selection of benefits you are entitled to. Alternatively, you can contact PPS directly on 0860 777 784 or email sti@pps.co.za.

PPS would like to thank you for your valued support and we look forward to a long and mutually beneficial relationship with you.

Kind regards,

**PPS – Insurance for Professionals**



# Hollard.



SHORT-TERM  
INSURANCE

## PROFESSIONAL INDEMNITY INSURANCE APPLICATION

The insurance for which you are applying is managed by PPS and underwritten by HOLLARD

### Personal Details

PSSA No: FOR OFFICE USE

Surname:	Title:	Initials:	Full Names:	
ID No:	Date of Birth:	SAPC No: <small>COMPULSARY</small>		Maiden Name:
Home Tel:	Cell No:	E-Mail:		
Postal Address:				Code:
Street Address:				Code:

### University Details

Institution name:	Year of Study:
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### Incidents & Claims

#### Details of any Errors/ Omissions or Malpractice incidents, claims made or intimated against me:

- Any claims made against the applicant during the last 10 years: Yes  No
- Any circumstances / complaints which may give rise to a claim being made against the applicant: Yes  No

*(If yes, attach details to application form)*

#### 1. For Bank / Internet Transfers please use the following account:

*(Please note that this bank detail is not the same for PSSA membership fees)*

Account name: Pharmaceutical Society of SA - PIP  
 Bank: Standard Bank  
 Branch: Lynnwood Ridge  
 Branch code: 051001  
 Account number: 011206535  
 Reference: Membership number/Initials and surname

Please fax the proof of payment together with the application forms to 086 458 8094 or send an e-mail to [sinah@pharmail.co.za](mailto:sinah@pharmail.co.za)

I declare and warrant that after enquiry all statements and particulars contained in this proposal and addenda are true and that no information whatever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I will advise the Underwriters as soon as possible. I understand that failure to disclose any material facts, which would be likely to influence the acceptance and assessment of the proposal, may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I hereby agree and accept that this declaration shall be the basis of the contract between both parties if entered into.

SIGNATURE / AUTHORIZATION

DATE

**Personal Details**

Title:	Initials:	Surname:	PSSA Number: <small>FOR OFFICE USE</small>
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**Rating Table for Individuals (Rates effective 01/04/2016) Medical Malpractice & Professional Indemnity Only**

Please indicate with a ✓ which option you choose

Category of Practice	Rates effective 01/04/2016 A – R5 million				Rates effective 01/04/2016 B – R10 million				Rates effective 01/04/2016 C – R15 million				Rates effective 01/04/2016 D – R20 million			
	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓
	Industrial Management; Group Directors; Clinical Trials dispensing admin and co-ordination; Research Pharmacists; Primary Care Dispensing Therapist (PCDT); RESPONSIBLE PHARMACISTS	R2,160		(R2,214) R184.50		R2,748		(R2,802) R233.50		R3,354		(R3,408) R284.00		R4,200		(R4,254) R354.50
Retail/State/Industrial Pharmacists; Quality Assurance & Regulatory Pharmacists; Locums, Pharmacy/Wound care Nurses, Medical Scheme Clinical Consultants, Wholesaler/Distributor Pharmacists; Other	R1,296		(R1,350) R112.50		R1,716		(R1,770) R147.50		R2,004		(R2,058) R171.50		R2,502		(R2,556) R213.00	
Pharmacy Technicians	R636		(R690) R57.50		R888		(R942) R78.50									
Pharmacist’s Assistants; Interns; Academics; Community Service Pharmacists; Pharmacy Technician Trainees	R450		(R504) R42.00		R624		(R678) R56.50									
<b>Pharmacy Students; Pharmacy Technician Students</b>	<b>R180</b>		<b>(R234) R19.50</b>													

1. Premiums include VAT at 14%
2. Please be aware that a R50.00 policy fee is included in the above rates. (This is a once off policy fee charged annually) payable to PPS.
3. Premiums include administration fee of 15% for PSSA nett of the R50 policy fee.
4. Premiums include commission at a rate of 20% payable to PPS after subtraction of R50 policy fee and the 15% for PSSA.
5. A debit order fee of R54.00 (R4.50 per month) will be charged on monthly debit orders and R4.50 on a yearly debit order (payable to PSSA)
6. Excesses are R1,000.00 each and every claim

I further understand that, should I not already be a member of the Professional Provident Society (PPS), the acceptance of this option will automatically grant me membership of PPS. As a graduate professional meeting the eligibility requirements of the Society, I am entitled to share in the benefits of the PPS product range, which includes insurance, investments and healthcare products. Following the registration, PPS will provide me with my unique membership number.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**