

APPLICATION FORM FOR BARIATRIC SURGERY

This application form is for patients seeking financial sponsorship for bariatric surgery through OBESITY COMMUNITY FUND NPC, with registration number 2024/805666/08 (the NPC). Please read the terms and conditions carefully before completing the form. Submission of this application and payment of the non-refundable application fee does not guarantee approval for sponsorship or surgery.

SECTION 1: PERSONAL INFORMATION

SURNAME:	FIRST NAME:
ID NUMBER:	DATE OF BIRTH:
HOME ADDRESS:	
City:	Postal Code:
POSTAL ADDRESS:	
City:	Postal Code:
HOME TELEPHONE:	WORK TELEPHONE:
CELL NUMBER:	E-MAIL:
MEDICAL AID:	
PLAN TYPE:	
MEDICAL AID NUMBER:	DEPENDANT CODE:
HOME LANGUAGE:	
EMERGENCY CONTACT (NAME & NUMBER):	
<p><i>* Please attach a copy of your ID, a copy of your medical aid card (if applicable) and a proof of residence.</i></p>	

SECTION 2: MEDICAL BACKGROUND

HEIGHT (CM):	WEIGHT (KG):	AGE:
DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS: Diabetes Hypertension Sleep Apnea Heart Disease Other (Please Specify):		DO YOU HAVE ANY KNOW ALLERGIES: Yes (Please specify): No
Do you smoke? Yes No		Have you been diagnosed with any eating disorders? Yes (Please specify): No
ARE YOU CURRENTLY ON ANY MEDICATIONS: Yes (Please specify): No		
HAVE YOU PREVIOUSLY UNDERGONE ANY SURGERIES? Yes (Please specify): No		
<i>* Please attach a copy medical records (if applicable).</i>		

SECTION 3: FINANCIAL BACKGROUND

GROSS MONTHLY INCOME: R	
EMPLOYER:	OCCUPATION:
TYPE OF EMPLOYMENT: Permanent Contract Seasonal Other (Please specify):	DO YOU HAVE ANY DEPENDENTS: Yes (Please specify number) No
PROVIDE A BRIEF STATEMENT EXPLAINING YOUR FINANCIAL NEED FOR THIS SPONSORSHIP:	
<p><i>* Please attach 3 months' bank statements and 3 months' payslips.</i></p>	

SECTION 4: REASON FOR BARIATRIC SURGERY

WHY IS THE BARIATRIC SURGERY NECESSARY FOR YOUR HEALTH AND WELL BEING?
WILL THE SURGERY IMPROVE YOUR QUALITY OF LIFE:

SECTION 5: TERMS AND CONDITIONS

1. FEES:

- 1.1 Applicants undertake to pay a non-refundable R500.00 (five hundred Rand) monthly subscription fee for 60 (sixty) months, starting from the month of application, which funds are allocated to support the NPC's non-profit initiatives.
- 1.2. A further non-refundable administration fee of R 10 000.00 (ten thousand Rand) must be paid once the Applicant has been approved for a procedure.
- 1.3. The submission of this application form and payment of the R500.00 (five \ hundred Rand) monthly subscription fee for 60 (sixty) months, does not guarantee selection for the procedure.
- 1.4. The applicant shall remain liable for the R500.00 (five hundred Rand) monthly subscription fee for 60 (sixty) months, regardless of whether they are selected for the procedure or not.
- 1.5. The NPC is not liable for any financial loss or damages resulting from non-selection.

I UNDERSTAND AND AGREE TO THE ABOVE.

2. PROCESSING OF THIS APPLICATION:

- 2.1 This application form is for consideration only and does not guarantee selection for the bariatric surgery procedure.
- 2.2 This application will only be processed upon undertaking of the payment of R500.00 (five hundred Rand) monthly subscription fee for 60 (sixty) months.
- 2.3 Only complete applications will be considered.
- 2.4 The NPC will determine eligibility of the Applicant based on medical, financial and other criteria.
- 2.5 The applicant acknowledges that the decision of the NPC is final and cannot be contested.
- 2.6 Applicants who do not meet the eligibility criteria or are not selected for the procedure will not receive a refund of the monthly subscription fee.
- 2.7 The applicant agrees to provide truthful and accurate information in this form. Any false information may result in disqualification.
- 2.8 The NPC reserves the right to reject applications at its sole discretion without providing reasons.

I UNDERSTAND AND AGREE TO THE ABOVE.

3. PROCESSING OF PERSONAL INFORMATION:

- 3.1 By completing and submitting this application form, the Applicant hereby consents to the collection, use, storage and processing of their personal information by the NPC in accordance with the Protection of Personal Information Act, 2013 and the Promotion of Access to Information Act, 2000.
- 3.2 The Applicant agrees that the NPC may collect, record, organise, store, update, use and distribute (“process”) personal information of the Applicant (personal information”) in order assess the Applicant’s eligibility, to help settle all outstanding accounts and to promote, optimise and ensure that the best possible treatment and care is given to all patients (“processing purpose”).
- 3.3 The Applicant further agrees that all personal information was given directly to the NPC by them, that they are aware of the identity of the NPC’s as well as the NPC’s physical address and that the supply of personal information to the NPC is mandatory and in the event that such information is not supplied, the NPC shall not supply any service to the patient whatsoever.
- 3.4 The applicant further agrees that they are aware that they may at any time object to the processing of personal information in terms of the Protection of Personal information Act, that they are aware that they may at any time lodge a complaint with the information regulator in terms of the Protection of Personal Information Act and that they are aware of and understand the processing purpose.
- 3.5 The applicant further agrees that the records of the personal information, may be retained by the NPC for storage purposes, even after the processing purpose has been met (“stored information”). The applicant also agree that such stored information may be processed in the event that the processing purpose is revived for any reason whatsoever.
- 3.6 The applicant shall provide the NPC with updated personal information in the event that any such information changes.

I UNDERSTAND AND AGREE TO THE ABOVE.

4. GENERAL:

- 4.1 No addition to or variation, consensual cancelation or novation of these conditions and no waiver of any right arising from these conditions or breach or termination shall be of any force or effect unless reduced to writing and signed by the Applicant and the NPC.

- 4.2 No latitude, extension of time or other indulgence which may be given or allowed by any party to any other party in respect of the performance of any right arising from these conditions and no single or partial exercise of any right by any party shall under any circumstances be construed to be implied consent by such party or operate as a waiver or a novation of, or otherwise affect any of that party's rights in terms of or arising from these conditions or estop such party from enforcing, at any time and without notice, strict and punctual compliance with each and every provision or term hereof.
- 4.3 These conditions shall be governed by the laws of the Republic of South Africa and the South African courts shall have jurisdiction over these Conditions
- 4.4 The NPC shall not accept any liability for the compromise, destruction or any other form of unlawful processing of personal information as a result of any act or omission by any natural or juristic person who requires personal information, in the pursuance of the processing purpose ("third party") and any right and/or recourse that the Applicant may have, shall be solely against such responsible third party.
- 4.5 All provisions of these conditions are, notwithstanding the manner in which they have been grouped together or linked grammatically, severable from each other. Any provision of these conditions which is or becomes unenforceable in any jurisdiction in which it applies or in which its enforcement is sought, whether due to voidness, invalidity, illegality, unlawfulness or for any other reason whatsoever, shall, only to the extent that it is so unenforceable, be treated as pro non scripto and the remaining provisions of these conditions shall remain of full force and effect. The parties declare that it is their intention that these conditions would be executed without such unenforceable provision if they were aware of such unenforceability at the time of execution hereof.
- 4.6 Legal Costs:
- 4.6.1 In the event that the NPC institutes legal action for the collection of outstanding fees, the applicant shall be liable for all legal costs, including but not limited to attorney and own-client fees, tracing fees and collection fees.

I UNDERSTAND AND AGREE TO THE ABOVE.

SECTION 6: CREDIT ACKNOWLEDGMENT:

BY SIGNING BELOW, I ACKNOWLEDGE THAT:

- A. I agree to pay R500.00 (five hundred Rand) per month for 60 (sixty) months, which is non-refundable and contributes to the operations of the NPC.
- B. I am further liable to pay a non-refundable administration fee of R10 000.00 (ten thousand Rand) upon approval of the procedure.
- C. I understand that failure to meet this payment obligation may result in legal action to recover the outstanding amounts.

SIGNATURE:

DATE:

SECTION 7: UNDERTAKING

I, _____ (Full Name and surname), hereby declare that the information provided in this application form is true and correct to the best of my knowledge. I understand that submission of this application and payment of the R500.00 (five hundred Rand) monthly subscription fee do not guarantee selection for the procedure. I have read and understood all the terms and conditions outlined above and agree to abide by them.

SIGNATURE:

DATE:

SECTION 8: INDEMNITY AND RELEASE OF LIABILITY

I, _____ (Full Name and surname), hereby acknowledge and understand that in applying for funding for bariatric surgery from OBESITY COMMUNITY FUND NPC:

8.1 I fully understand that OBESITY COMMUNITY FUND NPC is solely providing financial assistance for the bariatric surgical procedure and related medical care, and is not involved in the provision of any medical services, surgical procedures, or medical advice,

8.2 I hereby irrevocably and unconditionally indemnify and hold harmless OBESITY COMMUNITY FUND NPC, its directors, employees, volunteers, agents and representatives from any and all claims, liabilities, damages, losses, costs (including legal costs), expenses, demands, and actions of whatsoever nature that may arise from:

- (a) any complications, adverse outcomes or negative consequences resulting from the bariatric surgery procedure,

- (b) any medical negligence or malpractice by healthcare providers involved in my treatment,
- (c) any pre-existing or subsequent medical conditions that may affect the outcome of the procedure,
- (d) any failure to follow pre-operative or post-operative care instructions.

8.3 I acknowledge that all medical decisions, including but not limited to the decision to undergo bariatric surgery, are made between myself and my healthcare providers, and that OBESITY COMMUNITY FUND NPC bears no responsibility for the medical advice I receive or the medical decision I make.

8.4 I confirm that I have read and understood this indemnity clause, and I sign it freely and voluntarily, being of sound mind and under no duress or undue influence.

SIGNATURE:

DATE:

FOR OFFICE USE ONLY

APPLICATION NUMBER:	DATE RECEIVED:
PROCESSED BY:	
DOCUMENTS RECEIVED: ID Proof of Residence Medical Aid Card (if applicable) 3 months bank statements	3 months payslips Medical history reports (if applicable) Undertaking of R500.00 monthly subscription fee for 60 months.
OUTCOME: Eligible for Procedure Not Eligible	
COMMENTS:	