

Contact us

Tel: 0860 99 88 77, PO Box 653574, Benmore, 2010, www.discovery.co.za

Application to join Vitality and KeyClub

Please make sure that you sign this application

Main applicant's surname

Main applicant's ID number

Please choose one of the following options:

- Vitality
 KeyClub
 Vitality and KeyClub
 KeyClub Starter*
 KeyClub and KeyClub Starter*

***KeyClub Starter is available to main members under age 65 on a KeyCare Plan, who are not in the highest income band.**

Banking details

If you are paying your own Vitality contribution, please complete this section.

Bank name

Branch name Branch number - -

Account number Type of account Cheque Savings

Accountholder

Signature of accountholder Signature of main applicant

Please note: If you are using someone else's bank account, the accountholder must sign above to confirm this.

Please choose the date you would like us to debit your account (if you are not a government employee):

1st 10th 15th 20th 25th

If your application is captured after the date you chose above, your first debit order will go off on the first of the month and then on the chosen date after that.

If you are a government employee on the PERSAL payroll system, please tick the box below to tell us which day of the month you want us to debit your account.

1st 5th 8th 21st 26th

The Discovery credit card

The DiscoveryCard is a Visa credit card.

Vitality members can get cash back, travel savings and a world of convenience through our DiscoveryCard partners.

Would you like to apply for a Discovery credit card? Yes No Gross monthly salary R

Please note: When assessing your DiscoveryCard application, a credit check will be done. An accredited consultant will phone you to complete the application.

A DiscoveryCard will only be issued subject to meeting credit approval criteria.

Declaration

When you sign this application, you confirm that you have read and understood the rules available on www.discovery.co.za/portal/rules and you agree that you and those you apply for will be bound by them. Please speak to your financial adviser or us if there is anything you do not understand.

Signed at (town or city) on 20

Signature of main applicant **The main applicant must sign and date any changes**