

# Application for Multiply Premier

Email this completed and signed form to [MultiplyNewBusiness@momentum.co.za](mailto:MultiplyNewBusiness@momentum.co.za) or for more information call 0861 88 66 00.

Immediate membership start date  Future membership start date  DD -  MM -  YYYY

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## Section 1: Member personal information (All fields are compulsory)

Only members with a qualifying Momentum product can apply for Multiply membership.

### Main member

Title  Initial/s  First name   
Surname   
ID number             Date of birth  DD -  MM -  YYYY  
Gender Male  Female

### Required for passport holders only

Passport number                    Date of issue  DD -  MM -  YYYY  
Expiry date  DD -  MM -  YYYY  
Country of issue   
Nationality   
Tax reference number             Tax residence country

Cellphone number           Telephone             
Email address   
Residential address   
  
 Postal code

**Please note:** We will use your cellphone number and email address to communicate with you in English.

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### Partner (All fields are compulsory)

Title  Initial/s  First name   
Surname   
ID number             Date of birth  DD -  MM -  YYYY  
Gender Male  Female

### Required for passport holders only

Passport number	<input type="text"/>	Date of issue	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>											
Nationality	<input type="text"/>											
Tax reference number	<input type="text"/>	Tax residence country	<input type="text"/>									

Cellphone number *	<input type="text"/>	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address *	<input type="text"/>										

\* Must be different to main member.

### Dependants

**Note: All fields are mandatory for all your dependants.**

By providing any personal information about a minor/s, I voluntary consent to the retention and processing of such information.

First name	1.	<input type="text"/>											
Surname if different to main member		<input type="text"/>											
ID number		<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number (if applicable)		<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Relationship to main member		<input type="text"/>											

First name	2.	<input type="text"/>											
Surname if different to main member		<input type="text"/>											
ID number		<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number (if applicable)		<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Relationship to main member		<input type="text"/>											

First name	3.	<input type="text"/>											
Surname if different to main member		<input type="text"/>											
ID number		<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number (if applicable)		<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Relationship to main member		<input type="text"/>											

First name	4.	<input type="text"/>											
Surname if different to main member		<input type="text"/>											
ID number		<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number (if applicable)		<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Relationship to main member		<input type="text"/>											

First name	5.	<input type="text"/>											
Surname if different to main member		<input type="text"/>											
ID number		<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number (if applicable)		<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Relationship to main member		<input type="text"/>											

## Section 2: Banking details for membership fees (Multiply does not collect from credit card accounts.)

Name of account holder	<input type="text"/>											
Name of financial institution	<input type="text"/>											
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch name	<input type="text"/>											
Account type	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>	Branch code	<input type="text"/>							
Deduction date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I undertake to inform Multiply of any change in my bank details and I authorise Multiply to verify such bank details with the bank.  
I accept that Multiply may debit my account on a date other than specified should the chosen date fall on a weekend or public holiday.

Name of authorised signatory	<input type="text"/>																		
Signature of account holder or authorised signatory	<input type="text"/>								Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 3: Membership fees for 2021

**Monthly membership fees will be determined in accordance with your family composition.**

Single member	<input type="checkbox"/>	R268
Family of two	<input type="checkbox"/>	R340
Family of three or more	<input type="checkbox"/>	R372

## Section 4: Acknowledgement of terms and conditions for Multiply

- I, the main member, hereby apply for membership of Multiply and if applicable on behalf of all members on the elected plan, which is administered by Momentum Multiply (Pty) Ltd ("Multiply"). If Multiply accepts this application, this application will serve as evidence that I agree to be bound by the rules of Multiply. I undertake to ensure adherence to the rules of the programme by myself and the members on the programme at all times.
- I consent to paying the membership fees (where applicable) in return for the benefits supplied by Multiply to all members on the elected plan (where applicable) and me. I understand that it is my sole responsibility to ensure that Multiply receives my membership fees.
- I acknowledge that Multiply reserves the right to cancel the membership applied for in this form if any of the members or I breach any of the terms and conditions of this agreement, inclusive of the Multiply programme rules and applicable regulations which are subject to change from time to time.
- Multiply reserves the right to amend the rules referred to in 1 above and the Multiply benefits unilaterally. Any members on the elected plan may obtain a copy of the rules from the Multiply website (multiply.co.za) or the Multiply client contact centre on 0861 88 66 00.
- I consent that Multiply may process and retain personal information submitted by me, my financial adviser or the Multiply service provider of all members on this programme and that this information may be shared within the Momentum Metropolitan Holdings Group and Multiply service providers for the purpose of carrying out the actions for Multiply to allocate Multiply benefits which shall include various discounts, cashbacks and points, as well as communication about the Multiply programme. I declare that I am aware of my right of access to and the right to rectify the personal information and the existence of a right to object to the processing of personal information. I declare that the personal information provided by me is done voluntary and that failure to provide such information or refusal to consent to the processing of personal information may result in an unsuccessful membership.
- I further consent to the use of my personal information for the purpose of direct marketing of goods and services offered by Momentum Metropolitan Holdings Group (which includes Multiply).  
Yes  No
- I understand that I have the right to withdraw my consent to have my personal information processed and that I may contact Multiply at the contact details mentioned below should I wish to cancel my Multiply membership.

8. If I have a complaint relating to the processing of my personal information, I understand that I should first refer it to Multiply by calling 0861 886 600 or sending an email to multiply@momentum.co.za to resolve it according to their internal complaints process. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator who can be contacted on 010 023 5200 or via email at inforeg@justice.gov.za.

Name of main member

Signature of main member

Date    -    -

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### Section 5: Financial adviser (if applicable)

Name	Broker house code	Financial adviser code	Commission reference number	Commission split %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Campaign name

Signature of servicing financial adviser

Date    -    -

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### Section 6: Marketing adviser (if applicable)

Name

Marketing adviser's code

Branch name

Telephone