

### **APPLICATION FOR SAMED MEMBERSHIP**

Complete by typing in field and TAB to next field. Email or fax completed and signed form to SAMED secretariat at [info@samed.org.za](mailto:info@samed.org.za) or fax: 086 407 4765.

ALL INFORMATION PROVIDED ON THIS FORM WILL BE HELD IN THE STRICTEST CONFIDENCE AND WILL NOT BE SHARED IN AN IDENTIFIABLE MANNER WITH ANY OTHER SAMED MEMBER, SAMED STRUCTURE, ETC, APART FROM WHERE IT IS INDICATED THAT CERTAIN INFORMATION MAY BE MADE AVAILABLE (E.G. IN THE PUBLIC DOMAIN THROUGH A WEBSITE LINKED TO THE SAMED WEBSITE) OR USED AS AUTHORISED ON THIS FORM.

### **IMPORTANT! CRITERIA FOR MEMBERSHIP OF SAMED**

1. Acceptance of application for membership will be at the discretion of the SAMED Board of Directors
2. Membership of SAMED is subject to member adherence of:
  - 2.1 The SAMED Constitution.
  - 2.2 The Code and Guidelines pertaining to Marketing Practice for Healthcare Products, as amended from time to time
  - 2.3 The SAMED Code of Business Practice, as amended from time to time
  - 2.4 The SAMED TIM (Transparent Invoicing Method) policy
  - 2.5 Any other criteria that the SAMED Board of Directors may arrive at from time to time

Date:

Name of company/person/partnership/body corporate:

Physical street address:

Postal address:

Postal Code:

Tel No.: (     )

Fax No.: (     )

E-mail address:            Company Website:            (please indicate whether the website is a global or local website and if you have both, please indicate both addresses – see website linkage details below)

Company Registration No.:

Vat Number:

In the event of your company being a subsidiary company, the name and address of the parent company:

If your company previously traded under another name, please furnish that name:

Are you a Distributor or Manufacturer? : \_\_\_\_\_ (Other: \_\_\_\_\_ )? \_\_\_\_\_  
\_\_\_\_\_

Name(s) of key brand(s) or product names(s):

Main categories of products on the market (please tick where appropriate):

- |                                      |                          |   |                          |
|--------------------------------------|--------------------------|---|--------------------------|
| Active implantable technology        | <input type="checkbox"/> | Anaesthetic and respiratory technology          | <input type="checkbox"/> |
| Biological-derived devices           | <input type="checkbox"/> | Complementary therapy devices                   | <input type="checkbox"/> |
| Dental technology                    | <input type="checkbox"/> | Diagnostic and therapeutic radiation technology | <input type="checkbox"/> |
| Electromechanical medical technology | <input type="checkbox"/> | Healthcare facility products and adaptations    | <input type="checkbox"/> |
| Hospital hardware                    | <input type="checkbox"/> | In vitro diagnostic technology                  | <input type="checkbox"/> |
| Laboratory equipment                 | <input type="checkbox"/> | Non-active implantable technology               | <input type="checkbox"/> |
| Ophthalmic and optical technology    | <input type="checkbox"/> | Reusable instruments                            | <input type="checkbox"/> |
| Single use technology                | <input type="checkbox"/> | Technical aids for disabled                     | <input type="checkbox"/> |

Other (list product categories)

Would you like your company listed on the SAMED website:

And linked to your company website address(es):

If yes, please attach an electronic format of your logo in gif or jpeg to this application form and indicate the contact details you wish listed on the website:

Annual gross turnover (for purposes of determining the applicable membership subscription fee)  
– Please tick appropriate box: Please contact the SAMED Office for the current membership fee.

Category	Turnover Band for last audited financial year	Votes	Please indicate with an X which turnover band your company falls within
1	0-5m	2	
2	5-15m	3	
3	15-25m	4	
4	25-50m	5	
5	50-100m	6	
6	100-200m	7	
7	201-500m	8	
8	501-750m	9	
9	750m+	10	

This information will be kept confidential.

**PLEASE NOTE:** We further require that your auditors sign off against the turnover band indicated above and/or furnish us with a letter stating this to be the case. Please ensure that you comply with this requirement which we need to verify SAMED's income, also for audit purposes.

**Auditor Name and Surname:**

---

**Auditor verification signature:**

---

**Date:**

---

NOTES:

- The membership fee is reviewed on an annual basis by the SAMED Board.
- Subscription fees are due by end March and must be fulfilled should a member resign before the end of the SAMED financial year (Jan to Dec).
- Votes listed above pertain to voting for election to the Board of Directors only
- Membership Resignations are due at the end of the year, otherwise companies will be liable for membership fees for the ensuing year.

**Key Personnel (please complete):**

Title (amend as appropriate)	Name and Surname	Email address	Tel nr	Mobile nr	Tick if you wish to be added to SAMED Distribution list
Principle representative(s) to SAMED					
CEO					
MD / GM					
Operations Manager					
Financial Manager					
Marketing Manager					
Sales Manager					
HR Manager					
Tender Co-ordinator					
Regulatory Manager					
Reimbursement Manager					

Compliance Officer					
Contact Person for Invoicing purposes					
Other					

I duly authorized and representative of (Company) hereby accept and agree to the objectives as set-out in this application form.

I acknowledge that I have read the following documentation and that I/my company commits to implementing and adhering to the following documentation as of this day forward:

1. The SAMED Constitution
2. The Code and Guidelines pertaining to Marketing Practice for Healthcare Products, as amended from time to time
3. The SAMED Code of Business Practice, as amended from time to time (currently under review)
4. The PACI Principles
5. The SAMED TIM (Transparent Invoicing Method) policy

I hereby consent to the terms and conditions of membership as set by SAMED.

I acknowledge and agree that the turnover information provided on this form will be separated from the forms stored in the SAMED office, and will be provided and kept by the SAMED accountants, who will be bound to keep such information confidential and who will only provide aggregated information for debt collecting purposes and the exercise of voting rights in accordance with the SAMED Constitution, to the SAMED Office, if necessary for such purposes.

I consent to me and/or members of my staff receiving information from SAMED at email addresses as indicated to SAMED from time to time, and undertake to ensure that such contact information is regularly updated, and to inform SAMED should we wish to be removed from any distribution list.

On behalf of: (Company):

Completed by:

Designation:

Date: Signature: \_\_\_\_\_