

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 or fax: 086 407 4765.

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 Medical Device Code of Ethical Marketing and Business Practice, as amended from time to time
 - 2.3 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.:

E-mail address:

Company Website:

Company Registration No.:

Vat Number:

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

Indicate if you are a Startup business or an Existing business:

BBBEE Level:

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

Are you a Multinational, Distributor, Principle Wholesaler or Local Manufacturer?:

(Other):

Name(s) of key brand(s) / products:

Letter from your Principal(s) indicating proof of distributorship for each of the above products. Please attach.

Your company's main categories of products on the market (please tick where appropriate):

Active implantable technology	Anaesthetic and respiratory technology	
Biological-derived devices	Complementary therapy devices	
Dental technology	Diagnostic and therapeutic radiation technology	
Electromechanical medical technology	Healthcare facility products and adaptations	
Hospital hardware	In vitro diagnostic technology	
Laboratory equipment	Non-active implantable technology	
Ophthalmic and optical technology	Reusable instruments	
Single use technology	Technical aids for disabled	
Other (specify)		

Indicate the Medical Specialties that your company is involved in:

Anaesthetics	Cardiology	
Dermatology	Dentistry	
Emergency Medicine	Gastroenterology	
Internal Medicine	Neurology	
Ophthalmology	Obstetrics & Gynaecology	
Paediatrics	Prosthesis	
Surgery (specify)		
Other – please specify		

Note, SAMED lists its members on the SAMED website and links this to your company website. Should you not have a company website we will add your company telephone number.

Please attach an electronic format of your logo in gif or jpeg to this application form and indicate the telephone number you wish listed on the SAMED website.

SAMED MEMBERSHIP FEES

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

Category	Turnover Band for last audited financial year	2019 Fee	Please indicate with an X which turnover band your company falls within
1	0-2.5m	R 6 193.85	
2	2.5-5.0m	R 8 180.55	
3	5.1-10m	R 9 483.74	
4	10.1-15m	R17 386.80	
5	15.1-25m	R22 524.20	
6	25.1-50m	R35 564.65	
7	50.1-100m	R48 999.24	
8	100.1-200m	R63 224.84	
9	200.1-300m	R74 978.11	
10	300.1-400m	R81 497.95	
11	400.1-500m	R88 017.80	
12	500.1-600m	R96 710.91	
13	600.1-700m	R103 230.75	
14	700.1-800m	R119 530.35	
15	800.1-900m	R130 396.73	
16	900.1-1bn	R141 263.13	
17	1bn+	R163 918.54	

This information will be kept confidential.

NOTE:

- The membership fee is reviewed on an annual basis by the SAMED Board.
- SAMED is not VAT registered.
- Annual Subscription fees are due by end March and must be fulfilled should a member resign before the end of the SAMED/MDMSA financial year (Jan to Dec).
- If invoiced during the year, subscription fees are due within 21 days of invoice
- Any member intending to terminate its membership shall notify the Executive Officer in writing, a month prior to the last day of December in each year. Members who submit their resignation during the course of the year shall not be entitled to a refund.

PLEASE NOTE: We further require that your auditor/accountant sign off against the turnover band indicated above (see below) 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/Accountant Name and Surname:

Auditor verification signature:

Date:

Note at least one person MUST be ticked for adding to the SAMED Distribution list, otherwise we cannot communicate with your company):

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 / Receive Quotes/Product Enquiries					
Regulatory Manager					
Reimbursement Manager					

Compliance Officer **					
ID No. of Compliance Officer **					
*Contact Person for Invoicing purposes					
Other					

*Fields Required

****Note:**

Company Code Compliance Officer is anyone duly authorised by the company, or appointed by the company in writing, to sign documents or give instructions on behalf of the company in terms of the Medical Device Code of Ethical Marketing and Business practice.

How many of your staff interact with an HCO or HCP*. The reason we ask is to identify the number of staff potentially requested to complete the code certification test.

* **"Healthcare organisation (HCO)"** means any legal entity or body (irrespective of its legal or organisational form) that is a healthcare, medical or scientific association or organisation which may have a direct or indirect influence on the prescription, recommendation, purchase, order, supply, utilisation, sale or lease of medical technologies or related services such as a hospital or group purchasing organisation, clinic, laboratory, pharmacy, research institution, university or other teaching institution or learned or professional society (except for patient organisations), or through which one or more HCPs provide services.

"Healthcare professional (HCP)" means any individual (with a clinical or non-clinical role; whether a government official, or employee or representative of a government agency or other public or private sector organisation; including but not limited to, physicians, nurses, technicians, laboratory scientists, researchers, research co-ordinators or procurement professionals) that in the course of their professional activities may directly or indirectly purchase, lease, recommend, administer, use, supply, procure or determine the purchase or lease of, or who may prescribe medical technologies or related services.

Attach proof of medical device / IVD establishment licence as received from Medicines Control Council / SAHPRA (South African Health Products Regulatory Authority) **Yes/No**

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

Please tick that you have read the following documentation and that you/your company commits to implementing and adhering to the following documentation as of this day forward:

1. The SAMED Constitution
2. Medical Device Code of Ethical Marketing and Business Practice, as amended from time to time
3. To keep abreast of / implement any changes to the Code going forward

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: _____