



Integrated Wellness Solutions (Pty) Ltd

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APPLICATION TO PURCHASE A CLINICALLY SUPPORTED FITBIT UNDER HERITAGE HEALTH

FULL NAMES OF PRINCIPLE MEMBER: .....

HERITAGE HEALTH NUMBER: .....

DO YOU HAVE A SMART PHONE TO DOWNLOAD THE APP: YES: ..... NO: .....

IF YES PLEASE PROVIDE THE MOBILE NUMBER(S) TO BE USED: .....
.....
.....
.....

HOW MANY FITBITS WOULD YOU LIKE TO BUY: .....

TOTAL MONTHLY AMOUNT FOR FIT BIT(S): .....@N\$65,00 EACH PER MONTH

I HEREBY CONFIRM AS A REGISTERED MEMBER OF HERITAGE HEALTH MEDICAL AID FUND THAT I DO WANT TO ACQUIRE A CLINICAL SUPPORTED FIT BIT WATCH AND THAT THE COST(S) OF ONE WATCH AMOUNTS TO N\$780,00 AND THAT THE MONTHLY COST(S) OF MY FITBIT WILL BE ADDED TO MY MONTHLY MEDICAL AID CONTRIBUTION AS A MEMBER OF HERITAGE HEALTH AMOUNTING AND WHICH IS N\$65,00 FOR TWELVE MONTHS ONLY. AFTER HAVING PAID THE FULL AMOUNT THE WATCH WILL REMAIN MY PROPERTY. IN THE EVENT THAT I DO NOT PAY THE FULL AMOUNT OR I LOSE MY WATCH THE SOFTWARE OF THE WATCH WILL NO LONGER FUNCTION AS IT WILL BE DISCONNECTED. I AGREE NOT TO PROVIDE MY FITBIT TO ANY OTHER PERSON. I UNDERTAKE TO REMAIN A MEMBER OF HERITAGE HEALTH FOR TWELVE MONTHS AND SHOULD I TERMINATE MY MEMBERSHIP SOONER I WILL REMAIN RESPONSIBLE TO PAY THE BALANCE OWED IMMEDIATELY OR RETURN THE FITBIT.

I AGREE THAT MY DATA MAY BE PROVIDED TO ME PHYSICIAN ON WRITTEN REQUEST BY HIM/HER.

NAME AND SIGNATURE

DATE