



MINISTRY OF FINANCE

APPLICATION AS HOSPITAL OR PRIVATE HEALTH FACILITY
Applicant Details

To be completed and submitted for an Application as Hospital or Private Health Facility for the Public Service Employees' Medical Aid Scheme ("PSEMAS").

1. Name of Service Provider

2. Legal status of Service Provider

Sole proprietor (tick "✓" if applicable)

Partnership (tick "✓" if applicable)

Close corporation (tick "✓" if applicable)

Company (tick "✓" if applicable)

3. Details of sole proprietor, partners, members or directors *(Provide extra attachment if not enough space)*

Full Name	Nationality	ID Number	Registration No. of applicable Council	NAMAF No.

CHL

4. Details of ownership (Provide extra attachment if not enough space)

Full Name of Shareholder	Nationality/Head Office	ID Number/Registration No	Shareholding

5. Physical address(es) of Service Provider (Provide extra attachment if not enough space)

5.1 Postal Address

Physical Address/Town/Region

5.2 Postal Address

Physical Address/Town/Region

5.3 Postal Address

Physical Address/Town/Region

6. Details of Service Provider Facilities (Provide extra attachment for each Facility as per 5. above)

Facilities	Number of Beds	Comments
Medical		
Surgical		
Maternity		

PHC


