



1. Copy of ID/Passport.
2. Proof of Residence (Water, Electricity, Levy, rates or cellphone account, Bank Statement, Councillor Letter).
3. Proof of Income (3 months bank statement)
4. Completed application form

TO APPLY EMAIL THESE DOCUMENTS TO [apply@oyi.co.za](mailto:apply@oyi.co.za)

## 1 SELECT A PLAN (Subject to affordability assessment)

GREEN PREPAID

BLUE PAYLATER

BRONZE PAYLATER

## 2 PERSONAL DETAILS

ID/Passport No.

Cell

Title  Miss  Mrs  Mr

First Name

Surname

Date of Birth

Email

Home Address

Town

Province

Postal Code

## 3 EMPLOYER

Employer

Address

Tel No:

## 4 MONTHLY INCOME

Net Salary (Salary after deductions)

Other Income

Salary Pay Day (1<sup>st</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup>, etc.)

## 5 MONTHLY EXPENSES

Accommodation (Rent, Bond, Levy, etc.)

Transport (Taxifare, Petrol, Car Loan, etc.)

Food (Groceries, Lunch, etc.)

Medical (Medicine, Doctors, etc.)

Water & Lights

Child/Spouse Maintenance

Loans (Credit Cards, Personal Loans, etc.)

Other expenses (Airtime, Insurance etc.)

## 6 DEBIT ORDER AUTHORISATION

Account Holder Name

Bank Name

Account No.

Account Type

I acknowledge that this is my bank account and hereby authorize Oyi and its partners to deduct and collect payments from this account.

Signature  Date

## 7 DECLARATION

1. I confirm that I have consent from my spouse to enter into this agreement (only if Married in Community of Property or Married by Customary Law).
2. I have read and understood and accept the Oyi Wellness Card terms and conditions.
3. The information I provided herein is correct and accurate.
4. Oyi and its partners may contact any credit bureau, the South African Fraud Prevention Services and any other person I deal with to gather and share information about my credit profile.
5. Oyi and its partners can contact me for promotional and marketing purposes.

Signature  Date

Oyi is a registered credit provider NCRCP10411 | The Oyi Medical Card is not a medical aid.