



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

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

- |  |   |
|--|---|
| Biological (human / animal tissues) <input type="checkbox"/> | Blood treatments & transfusion, dialysis <input type="checkbox"/> |
| Cardiovascular <input type="checkbox"/>                      | Cochlear <input type="checkbox"/>                                 |
| Dental <input type="checkbox"/>                              | Disposables <input type="checkbox"/>                              |
| Electro-medical equipment <input type="checkbox"/>           | Infusion pumps <input type="checkbox"/>                           |
| Injection devices <input type="checkbox"/>                   | IVD's <input type="checkbox"/>                                    |
| Neurological <input type="checkbox"/>                        | Ophthalmology <input type="checkbox"/>                            |
| Orthopaedic <input type="checkbox"/>                         | Reusable medical equipment <input type="checkbox"/>               |
| Reconstructive <input type="checkbox"/>                      | Urological <input type="checkbox"/>                               |
| Technical aids <input type="checkbox"/>                      | Wound Care <input type="checkbox"/>                               |

Other (list product categories)

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Would you like your company listed on the SAMED website:

And linked to your company website address:

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:

Category	Turnover Band for last audited financial year	2012 Fee incl vat	Votes	Please indicate with an X which turnover band your company falls within
1	0-5m	R 6,930	2	
2	5-15m	R 12,705	3	
3	15-25m	R 16,459	4	
4	25-50m	R 25,988	5	
5	50-100m	R 35,805	6	
6	100-200m	R 46,200	7	
7	201-500m	R 63,525	8	
8	501-750m	R 69,300	9	
9	750m+	R 75,075	10	

**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:**

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**Auditor verification signature:**

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**Date:**

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NOTES:

- The membership fee is reviewed on an annual basis by the SAMED Board.
- The above figures are inclusive of Value-added Tax (VAT).
- 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
Official Company Representative					
CEO					
MD / GM					
Financial Manager					
Marketing Manager					
Sales Manager					
HR Manager					
Tender Co-ordinator					
Regulatory Manager					
Reimbursement Manager					
Compliance Officer					

Contact Person for Invoicing purposes					
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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 Articles of Association
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

On behalf of: (Company):

Completed by:

Designation:

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