



# Accreditation Portal – Help File

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## Contents

Introduction .....	2
Portal Link .....	2
Existing user.....	3
Login .....	4
New user .....	4
Role.....	4
Once logged in: .....	6
Individual brokers .....	7
Section A (To be completed by all applicants).....	7
Section B (Manner of providing brokers services) .....	9
Section C (To be completed by applicants applying as a sole proprietors/independent brokers).....	10
Section D (Fit and proper requirement) (To be completed by all applicants).....	11
Section E (To be completed by all applicants).....	12
Section F (To be completed by all applicants).....	13
Section G (To be completed by all applicants) .....	13
Organisation.....	14
Section A (To be completed by all applications).....	14
Section B (To be completed by all applications).....	15
Section C (Fit and proper requirements) (To be completed by all applicants).....	16
Section D Supporting Documents (To be completed by all applicants) .....	16
Section E (To be completed by all applicants).....	17
Submitting requested Outstanding Documents .....	18
How to check if a Broker/Brokerage is Accredited.....	19
Frequently Asked Questions .....	20

## Introduction

This help file will aid users with the Accreditation portal.

## Portal Link

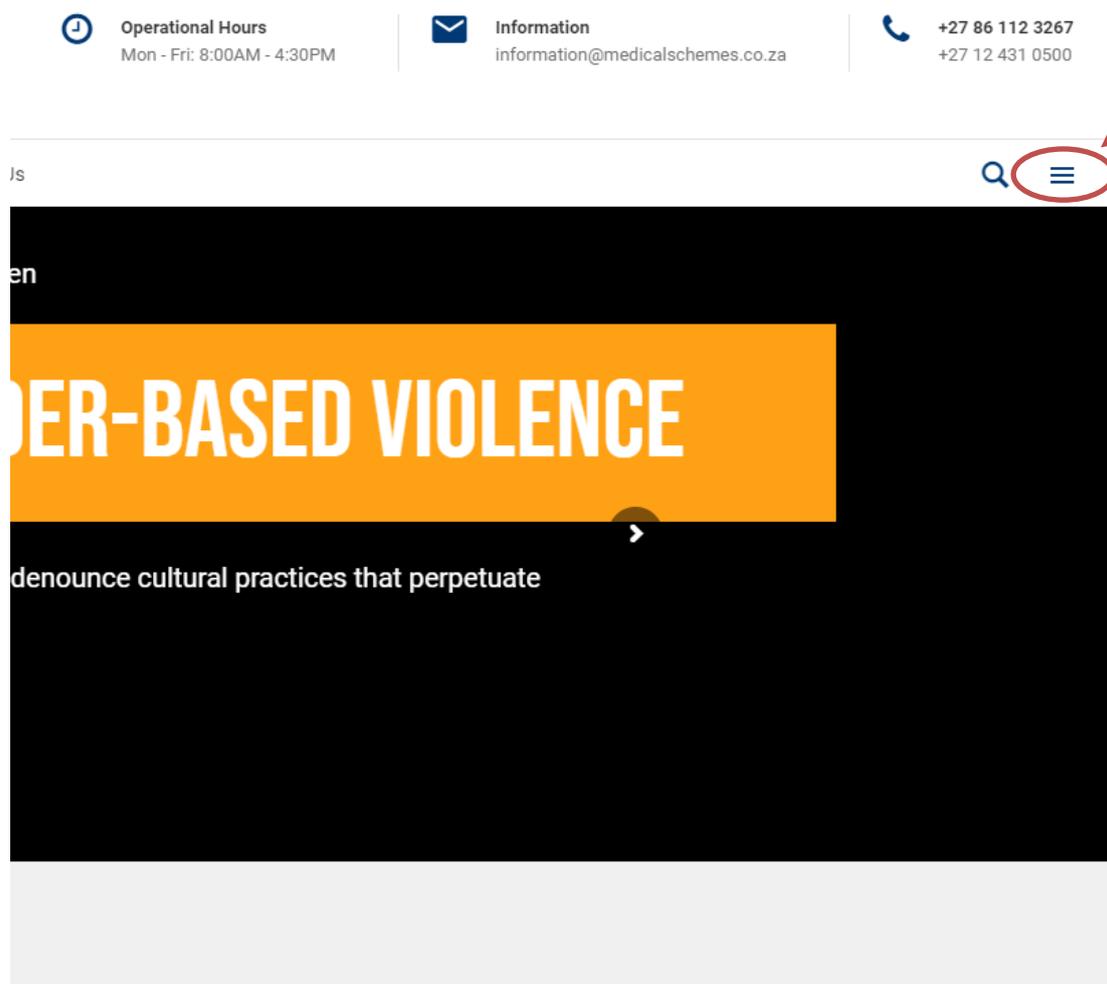
The portal can be accessed from the Council for Medical Schemes (CMS) Website.

Please use Google Chrome or Firefox browsers to access the portal.

<https://www.medicalschemes.co.za/>

Both Brokers and Brokerages login to the same portal. The portal will provide the relevant Broker/Brokerage access to the logged in user.

On the homepage, navigate to the extreme right of the screen, see circled below. Click on the 3 lines



The screenshot shows a dark blue header with a green 'More' button on the left and a white 'X' on the right. Below the header is a white sidebar with a blue envelope icon and the text 'Informatio' and 'informatio'. The main content area is titled 'Select Portal' and lists the following options: 'Access to Information Portal', 'Administrator Portal', 'ASR Utilisation Portal', 'Authorisation Portal for Auditors/Medical Schemes', 'Broker/Brokerage Portal', 'CMS E-Sign', 'Demarcation Portal', 'Managed Care Portal', 'Medical Schemes Portal', and 'Statutory Returns'. A red arrow points from the right side of the page to the 'Broker/Brokerage Portal' option. On the left side of the main content area, there is a vertical image showing people working at computers in an office setting.

## Existing user

If you have an existing broker/ORG number, please do a *Forgot your password?* Enter your email address and click on *Submit*

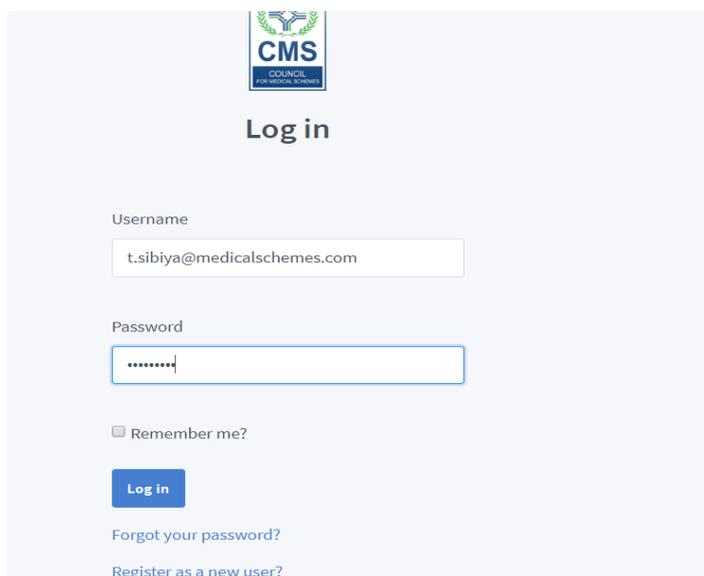
Should you have changed your email address please send all email updates to [Accreditenquiries@medicalschemes.co.za](mailto:Accreditenquiries@medicalschemes.co.za)

The form is titled 'Forgot your password?' and contains a text input field labeled 'Email'. Below the input field is a blue 'Submit' button.

A link will be sent to your email for you to reset your password. **Your username is your email address.**

## Login

Log in with your username and password, your username is your email address



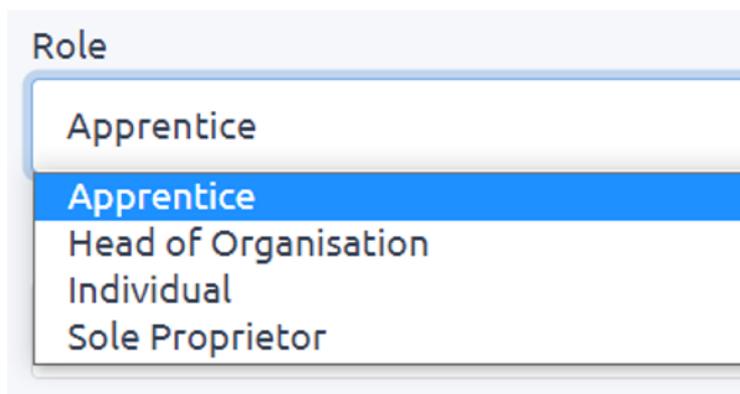
The screenshot shows the CMS login interface. At the top center is the CMS logo (Council for Medical Schemes) with the text 'Log in' below it. There are two input fields: 'Username' containing 't.sibiya@medicalschemes.com' and 'Password' with masked characters. Below the password field is a checkbox labeled 'Remember me?'. A blue 'Log in' button is positioned below the checkbox. At the bottom of the form, there are two links: 'Forgot your password?' and 'Register as a new user?'.

If you have forgotten your password, click on *Forgot your password?* Enter your email address and click on *Submit*. A link will be sent to your email for you to reset your password. Your username is your email address.

## New user

Click on *Register as a new user?*

## Role



The screenshot shows a dropdown menu titled 'Role'. The menu is open, displaying five options: 'Apprentice', 'Apprentice', 'Head of Organisation', 'Individual', and 'Sole Proprietor'. The first 'Apprentice' option is highlighted with a blue background.

Ensure you choose the correct role:

**Apprentice:** Can this application be supported with references from medical scheme(s), as an employer confirming that the required period of two years relevant experience in conducting broker services has been completed satisfactorily by yourself? If the answer to this question is **no**, then your

role is **Apprentice**. Please send all email updates to [Accreditenquiries@medicalschemes.co.za](mailto:Accreditenquiries@medicalschemes.co.za) or please contact our customer care department on 0861 123 26.

**Head of Organisation:** The person responsible for the Organisation, will be consenting to information and signing the declaration on the form and will be taking full responsibility of the affairs of the organisation Please send all updates to for head of organisation information to [Accreditenquiries@medicalschemes.co.za](mailto:Accreditenquiries@medicalschemes.co.za).

**Individual:** Can this application be supported with references from medical scheme(s), as an employer confirming that the required period of two years relevant experience in conducting broker services has been completed satisfactorily by yourself? If the answer to this question is **yes**, then your role is **Individual**. Please send all email updates to [Accreditenquiries@medicalschemes.co.za](mailto:Accreditenquiries@medicalschemes.co.za) or please contact our customer care department on 0861 123 26.

**Sole Proprietor:** Is an individual broker trading as a sole proprietor. Please send all email updates to [Accreditenquiries@medicalschemes.co.za](mailto:Accreditenquiries@medicalschemes.co.za)

Complete all the requested information on the screen below.

**Register**

Create a new account.

Role  
Apprentice

First Name  
Themba

Last Name  
Sibiya

Maiden Name  
Donald

Email  
t.sibiya@medicalschemes.com

ID Number  
[REDACTED]

Password  
\*\*\*\*\*

Confirm password  
\*\*\*\*\*

**Register**

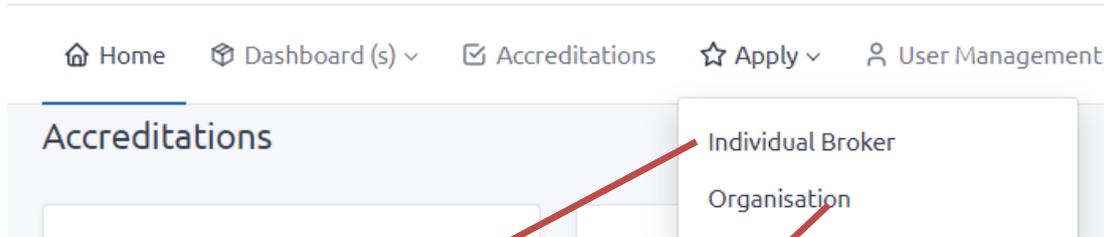
[Back to Login](#)

Click on *Register*, it will direct you to the home page

## Once logged in:

Please note that you will only be able to apply for renewal of accreditation four (4) months prior to your expiry date.

Click on *Apply*



**Individual brokers** will apply in their own capacity.

**Head of Organisations** will apply for their Brokerage/ORG (This application will only be visible to persons registered as the Head of Organisation)

## Individual brokers

### Section A (To be completed by all applicants)

All fields that are marked with a star (\*) are required

Please complete and Save Section A first before proceeding to the next sections, failing to save section A will result in your other sections not saving and you would be unable to upload any documents.

Role \*

Apprentice

Details of the broker who would supervise your apprenticeship: (Enter accreditation number and press the enter key to search) \*

ACCREDITATION NO.	BROKER NAME(S)	EMAIL	ACCREDITATION START DATE	ACCREDITATION END DATE	ACCREDITATION TYPE
30	[REDACTED]	[REDACTED]	11/27/2019	11/26/2021	Full Accreditation

1. Surname \*

ABDUL TEST

2. Maiden Name

3. Full Names \*

ROZANA TEST

4. Gender \*

Female

5. Race \*

Coloured

6. Date Of Birth \*

mm/dd/yyyy

7. Identity No. / Passport No. \*

8102812345897

8. a) Physical Address \*

TEST 2

b) Postal Address \*

TEST 2

c) Email \*

n.fungene@medicalschemes.com

d) Telephone (Office): (e.g. 0120000000) \*

0732114880

e) Telephone (Home): (e.g. 0120000000)

0732114880

f) Cell No.: (e.g. 0780000000) \*

0732114880

g) Fax No.: (e.g. 0120000000)

0732114880

9. Accreditation Number previously allocated (if applicable):

29925

10. Financial Services Board license number: \*

0732114880

11. Academic qualifications (Certified copies of official documentation to be attached): \*

QUALIFICATION	INSTITUTION	YEAR OBTAINED	
Qual One	Inst One	2014	Delete row
Qual One	Inst One	2014	Delete row

Add row

12. Relevant employment history and/or experience in healthcare consulting and marketing: (To be supported with references by medical scheme(s) confirming that the required period of two years relevant experience have been completed satisfactorily): \*

NOTE: (in the event that the applicant fails to provide proof of the required 2 years demonstrated relevant experience, he/she may qualify to be accredited as an apprentice health care broker provided you meet the other requirements)

POSITION HELD	EMPLOYER	FROM	TO	
Pos One	Emp One	10/01/2019	10/08/2019	Delete row
Pos One	Emp One	10/01/2019	10/08/2019	Delete row

Add row

You can add or delete rows for qualifications and position held

Click on *Save & Continue*

Save & Continue

**Do not forget to press Save & Continue on Section A, otherwise your application won't save, and the rest of the Sections will hang.**

## Section B (Manner of providing brokers services)

(Please click the appropriate answer)

13. Are you or will you function as a broker in formal employment?

- Yes  
 No

14. Name, details and accreditation number (if applicable) of employer (Enter accreditation number and press the enter key to search)

ACCREDITATION NO.	NAME OF EMPLOYER	HEAD OF ORGANISATION	ACCREDITATION START DATE	ACCREDITATION END DATE
4369	KSHATRIYA INVESTMENT HOLDINGS (PT)		08/06/2018	08/05/2020

15. Are you self-employed as a health care broker? If so specify:

- Yes  
 No

a) As a sole proprietor/independent broker?

- Yes  
 No

i) The name under which you trade (if applicable):

Trading name

b) As a member of a partnership/close corporation or other legal entity?

- Yes  
 No

i) The name of your organisation/partnership/close corporation or other legal entity and accreditation number with the Council (if application):

ACCREDITATION NO.	NAME OF ORGANISATION / PARTNERSHIP / CLOSE CORPORATION
4369	test name

c) As a subcontracted broker?

- Yes  
 No

i) Details of master broker or entity to who you are subcontracted: (Enter accreditation number and press the enter key to search)

ACCREDITATION NO.	NAME OF MASTER BROKER	HEAD OF ORGANISATION	ACCREDITATION START DATE	ACCREDITATION END DATE
4369	KSHATRIYA INVESTMENT HOLDINGS (PT)		08/06/2018	08/05/2020

Click on *Save & Continue*

**Save & Continue**

## Section C (To be completed by applicants applying as a sole proprietors/independent brokers)

Enter accreditation number and press enter to search it will automatically fill the other information.

16. Names of all brokers and apprentice brokers employed by the applicant (Enter accreditation number and press the enter key to search)

*\*These brokers must be individually accredited or their applications for accreditation must be submitted)\**

ACCREDITATION NO.	BROKER NAME(S)	ACCREDITATION START DATE	ACCREDITATION END DATE	ACCREDITATION TYPE	
225	ADAM CHRISTIAAN BARNARD	11/27/2017	11/27/2019	Full Accreditation	Delete row
655	ALTESSA ALTAMURA	11/27/2019	11/26/2021	Full Accreditation	Delete row
8954	null null	mm/dd/yyyy	mm/dd/yyyy		Delete row

Add row

Choose the medical scheme you have a contract with and the start date of the contract.

17. Supply the names of all medical schemes with whom the applicant has contracted to provide broker services (note that copies of the written agreement/s must be supplied) \*

MEDICAL SCHEME(S)	COMMENCEMENT DATE	
MEDIHELP	02/08/2008	Delete row
THEBEMED	01/01/1999	Delete row
BESTMED MEDICAL SCHEME	03/03/2001	Delete row

Add row

Click on *Save & Continue*

**Save & Continue**

## Section D (Fit and proper requirement) (To be completed by all applicants)

Read the question and click Yes or No. If Yes, please provide the supporting document

Question	Yes	No	
20. Have you within a period of five years preceding the date of application been found guilty by any professional or financial services industry body (whether in the Republic or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="radio"/>	<input checked="" type="radio"/>	
21. Have you within a period of five years preceding the date of application been denied membership of anybody referred to in 18 on account of an act of dishonesty negligence, incompetence or mismanagement?	<input checked="" type="radio"/>	<input type="radio"/>	<div style="border: 1px dashed gray; padding: 5px; text-align: center;">CHOOSE FILE or drag and drop file here</div>
22. Have you within a period of five years preceding the date of application been found guilty by any regulatory or supervisory body (whether in the Republic or elsewhere) or has an authorisation to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="radio"/>	<input checked="" type="radio"/>	
23. Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in the Republic or elsewhere) from taking part in the management of any company or other statutorily created, recognised or regulated body, irrespective whether such disqualification has since been lifted or not?	<input checked="" type="radio"/>	<input type="radio"/>	<div style="border: 1px dashed gray; padding: 5px; text-align: center;">CHOOSE FILE or drag and drop file here</div>
24. Have you been involved with a corporation, which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory authority?	<input type="radio"/>	<input checked="" type="radio"/>	
25. Have you had any judgment (including a finding of fraud, misrepresentation or dishonesty) given against you in any civil proceedings, in South Africa or elsewhere or are	<input type="radio"/>	<input checked="" type="radio"/>	

Click on *Save & Continue*

**Save & Continue**

## Section E (To be completed by all applicants)

Attach your document, when you click on yes, a button will appear, click on it and it will allow you to browse and select the document you want to upload, when you select No you will need to provide a reason as to why you do not have that specific document.

32. Question			Yes / No (Upload / Reason)
1. A certified copy of the applicant's identity document/valid passport.	<input checked="" type="radio"/>	<input type="radio"/>	CHOOSE FILE or drag and drop file here
2. Certified copy of highest academic qualifications (minimum, matric).	<input checked="" type="radio"/>	<input type="radio"/>	CHOOSE FILE or drag and drop file here
3. A copy of contract(s)/agreement(s) entered into between the applicant and the Medical Scheme concerned with reference to question 12	<input type="radio"/>	<input type="radio"/>	
4. A copy of contract(s)/agreement(s) entered into between the applicant and the subcontractor concerned with reference to question 15 (c)	<input type="radio"/>	<input type="radio"/>	
5. Original certificate of good standing from the South African Revenue Services.	<input type="radio"/>	<input type="radio"/>	
6. Proof of change of surname (If your current surname differs to surname on academic qualification)	<input type="radio"/>	<input type="radio"/>	
7. References from medical schemes as an employer substantiating the period during which applicant conducted broker services (see question 12). (Compulsory if applying as an individual broker)	<input type="radio"/>	<input type="radio"/>	
8. Documentary evidence signifying accredited supervising broker's consent reference to Section A (Compulsory if applying as an apprentice broker)	<input type="radio"/>	<input type="radio"/>	
9. Proof of payment of the prescribed non-refundable application fee of R1400.00 (Regulation 31 in terms of the Medical Schemes Act, 1998) is attached. (Applications received without proof of payment will not be acknowledged) COUNCIL FOR MEDICAL SCHEMES: BANKING DETAILS <ul style="list-style-type: none"> <li>• Bank: ABSA</li> <li>• Branch: Vermeulen Street</li> <li>• Branch Code: 517 245</li> <li>• Account number: 4051 163 394</li> <li>• Reference: I.D Number or Name of Broker</li> </ul>	<input checked="" type="radio"/>	<input type="radio"/>	CHOOSE FILE or drag and drop file here
10. Please click <a href="#">here</a> to download the Managed Integrity Evaluation (MIE) consent form. Complete the form and use the "Yes" option to upload the form.	<input checked="" type="radio"/>	<input type="radio"/>	CHOOSE FILE or drag and drop file here

**Please Note:** Identity document/valid passport, qualifications, proof of payment and MIE are required if you don't provide them your application will not be processed.

Save & Continue

Click *Save & Continue*

## Section F (To be completed by all applicants)

Section F:

*(Consent for the use of Personal Information)*

I hereby authorize the Council for Medical Schemes (CMS) and its duly authorized verification agent, Managed Integrity Evaluation (Pty) Ltd ("MIE") as Responsible Parties, to access my Personal Information and conduct background screening checks including, but not limited to qualifications.

I understand that verification requests form part of the background screening process.

I acknowledge that any personal information supplied to the CMS is provided voluntarily and that the CMS may not be able to comply with its obligations if the correct personal information is not supplied.

I understand that privacy is important to the responsible parties and the responsible parties will use reasonable efforts in order to ensure that any personal information in their possession or processed on their behalf is kept confidential, stored in a secure manner and processed in terms of South African law and for the purposes I have authorized.

I warrant that all information, including personal information, supplied to the CMS is accurate and current and agree to correct and update such information when necessary.

By submitting any personal information to the CMS in any form, I acknowledge that such conduct constitutes a reasonable, unconditional, specific and voluntary consent to the processing of such personal information in the following manner by the CMS and/or verification information suppliers:

- Personal information may be shared by the CMS with MIE and may be further shared by MIE with the Verification Information Suppliers for verification or other legitimate purposes;
- Personal information may be stored for a reasonable period by the CMS, MIE and/or the Verification Information Suppliers, and
- Personal information may be transferred cross-border to countries, which do not necessarily have data-protection laws similar to South Africa, for verification or storage purposes. In any cross-border transfer of personal information the recipient will be notified of the need to protect the confidentiality of the personal information.

I take note that if the responsible party has utilized the personal information contrary to the Privacy and Data Protection Conditions, I may first resolve any concerns with that responsible party. If I am not satisfied with such process, I have the right to lodge a complaint with the Information Regulator.

A copy of the personal information kept by the responsible parties will be furnished to me upon request in terms of the provisions of the Protection of Personal Information Act (POPI) and I understand that I may dispute any information in the record provided.

I unconditionally agree to indemnify the responsible parties, and Verification Information Suppliers, acting in good faith in taking reasonable steps to process my personal information lawfully, against any liability that may result from the processing of my personal information. This includes unintentional disclosures of such personal information to, or access by unauthorized persons, and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information, provided to the CMS by myself or by a third party in respect of me.

I hereby consent to the above use of Personal Information \*

Click on the check box to give consent.

Save & Continue

Click *Save & Continue*

## Section G (To be completed by all applicants)

Accept the declaration by clicking on the *check box*

Section G:

*(Declaration by applicant)*

I declare that, to the best of my knowledge, the information herein supplied is complete, true and correct and not misleading in any respect. \*

I undertake to supply any further information requested by the office of the Registrar, or Council for Medical Schemes, as and when required for purposes of carrying out the provisions of \*

I undertake to abide by the legislative requirements and by the fit and proper and the requirements and the code of conduct determined by the Registrar of Financial Services Board in terms of the Financial Advisory and Intermediary Services Act, 2002 from time to time. \*

Please note: Incomplete applications will be deemed outdated and closed within 6 months from date of receipt.

Submit

Click *Submit*

After submitting your application, you will receive an email and SMS with your reference number.

## Organisation

### Application Form

#### Section A (To be completed by all applications)

Section A:

Note: (Organisation details)

Has this organisation been accredited before? (Has an existing ORG accreditation number)

1. Company/organisation ORG Number \*

Note: (Enter organisation number without the ORG prefix and press the enter key to search and pre-populate form)

2. Registration no. of entity 0000/000000/00 \*

3. State the translated, abbreviated name, trading name or deviative, if any, of the name in question 1. \*

A.) TRANSLATED	B.) ABBREVIATED	C.) TRADING NAME	D.) DERIVATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Furnish the particulars of the head office of the applicant broker organisation

a.) Physical Address \*

b.) Physical Suburb \*

c.) Physical City \*

d.) Physical Code \*

e.) Postal Address \*

Note: (Enter organisation number without the ORG prefix and press the enter key to search and pre-populate form)

e.g. 3629 and press enter for the details to populate

Complete all the required information.

Save & Continue

Click Save & Continue

## Section B (To be completed by all applications)

### Section B:

(Manner of providing broker services)

19. Are you or will you provide broker services directly to medical schemes? \*

Yes  No

Yes No

20. If the answer to question 19 is "yes", please provide the names of all medical schemes and commencement dates with whom the organisation has contracted (note that copies of written agreements must be supplied): \*

MEDICAL SCHEME	COMMENCEMENT DATE	
<input type="text"/>	<input type="text" value="yyyy/mm/dd"/>	<input type="button" value="Delete row"/>
<input type="button" value="Add row"/>		

21. Are you or will you provide broker services as a subcontractor to another broker or other organisation? \*

Yes  No

Yes No

22. If the answer to question 21 is "yes", please provide details to the parties or persons to whom the applicant provides subcontracted broker services and provide copies of such agreements:

(Enter accreditation number without the prefix and press the enter key to search) \*

BROKERAGE / ORGANISATION ACCREDITATION NO.	BROKERAGE / ORGANISATION	ACCREDITATION FROM DATE	ACCREDITATION TO DATE	ACCREDITATION TYPE	
<input type="text" value="#00"/>	<input type="text"/>	<input type="text" value="yyyy/mm/dd"/>	<input type="text" value="yyyy/mm/dd"/>	<input type="text"/>	<input type="button" value="Delete row"/>
<input type="button" value="Add row"/>					

23. Are you or will you provide broker services as a principal contractor who subcontracts services to another broker, brokerage or person? \*

Yes  No

Yes No

24. If the answer to question 23 is "yes", please provide details to the parties or persons to whom services are subcontracted to and provide copies of such agreements:

(Enter accreditation number without the prefix and press the enter key to search) \*

BROKERAGE / ORGANISATION ACCREDITATION NO.	BROKERAGE / ORGANISATION	ACCREDITATION FROM DATE	ACCREDITATION TO DATE	ACCREDITATION TYPE	
<input type="text" value="#00"/>	<input type="text"/>	<input type="text" value="yyyy/mm/dd"/>	<input type="text" value="yyyy/mm/dd"/>	<input type="text"/>	<input type="button" value="Delete row"/>
<input type="button" value="Add row"/>					

Click *Save & Continue*

## Section C (Fit and proper requirements) (To be completed by all applicants)

Read the question and click *Yes* or *No*. If *Yes*, please provide the supporting document.

Question	Yes	No	
25. Does the applicant or any of its directors/members/shareholders/proprietors have any shareholding or financial interest in:	<input type="radio"/>	<input checked="" type="radio"/>	
(a) an administrator of medical schemes	<input checked="" type="radio"/>	<input type="radio"/>	<div style="border: 1px dashed gray; padding: 5px; text-align: center;">CHOOSE FILE or drag and drop file here</div>
(b) a broker organisation;	<input checked="" type="radio"/>	<input type="radio"/>	<div style="border: 1px dashed gray; padding: 5px; text-align: center;">CHOOSE FILE or drag and drop file here</div>
(c) a managed care organisation;	<input type="radio"/>	<input checked="" type="radio"/>	
(d) a group of health care providers;	<input type="radio"/>	<input checked="" type="radio"/>	
(e) any other organisation which provides health care services to medical schemes;	<input type="radio"/>	<input checked="" type="radio"/>	
(f) a life office, a short term insurance company or a re-insurer.	<input type="radio"/>	<input checked="" type="radio"/>	
26. Has the applicant or any of its directors/ members within a period of five years preceding the date of application been found guilty by any professional or financial services industry body (whether in the Republic or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="radio"/>	<input checked="" type="radio"/>	

Save & Continue

Click *Save & Continue*

## Section D Supporting Documents (To be completed by all applicants)

Attach your document, when you click on *yes*, a button will appear, click on it and it will allow you to browse and select the document you want to upload, when you select *No* you will need to provide a reason as to why you do not have that specific document.

Section D:

Note: Incomplete applications will be deemed outdated and closed within 6 months from date of receipt.

(I hereby enclose the following documents)

35. Question	Yes / No(Upload / Reason)	
1. A copy of the cv referred to in Section A question 8	<input type="radio"/>	<input type="radio"/>
2. Copies of broker agreements between the applicant and medical schemes referred to in question 20 or one or more letters of intent from medical schemes indicating their firm offers to contract with the applicant for the provision of broker services.	<input type="radio"/>	<input type="radio"/>
3. Copies of agreements to provide broker services as subcontractor referred to in question 21.	<input type="radio"/>	<input type="radio"/>
4. Copies of agreements to provide broker services as a principal contractor referred to in question 23.	<input type="radio"/>	<input type="radio"/>
5. A copy of the signed most recent audited annual financial statements in respect of the organization with notes thereto	<input type="radio"/>	<input type="radio"/>
6. Original certificate of good standing from the South African Revenue Services.	<input type="radio"/>	<input type="radio"/>
7. Proof of payment of the prescribed non-refundable application fee of R1400.00 (Regulation 31 of the Medical Schemes Act, 1998) is attached. (Applications received without proof of payment will not be acknowledged) COUNCIL FOR MEDICAL SCHEMES: BANKING DETAILS <ul style="list-style-type: none"><li>• Bank: ABSA</li><li>• Branch: Vermeulen Street</li><li>• Branch Code: 517 245</li><li>• Account number: 4051 163 394</li><li>• Reference: I.D Number or Name of Broker</li></ul>	<input checked="" type="radio"/>	<input type="radio"/>
8. Please provide a copy of the organisation's current B-BBEE certificate if available (for statistical purposes only)	<input type="radio"/>	<input type="radio"/>
9. One or more letters of intent from medical schemes indication their firm offers to contract with the applicant organization for the provision of broker services	<input type="radio"/>	<input type="radio"/>

CHOOSE FILE or drag and drop file here

Save & Continue

Click *Save & Continue*

### Section E (To be completed by all applicants)

Accept the declaration by clicking on the *check boxes*

Section E:  
(Declaration by head of organisation)

I declare that, to the best of my knowledge, the information herein supplied is complete, true and correct and not misleading in any respect.\*

---

I hereby confirm that I have the necessary authority to furnish this information and to make the undertakings required herein.\*

---

I undertake to abide by the legislative requirements and by the fit and proper requirements and the code of conduct determined by the Registrar of Financial Services Board in terms of the Financial Advisory and Intermediary Services Act, 2002 as amended from time to time.\*

---

I undertake to supply any further information requested by the office of the Registrar, or Council for Medical Schemes, as and when required for purposes of carrying out the provisions of the Medical Schemes Act, 1998 and regulations published thereunder.\*

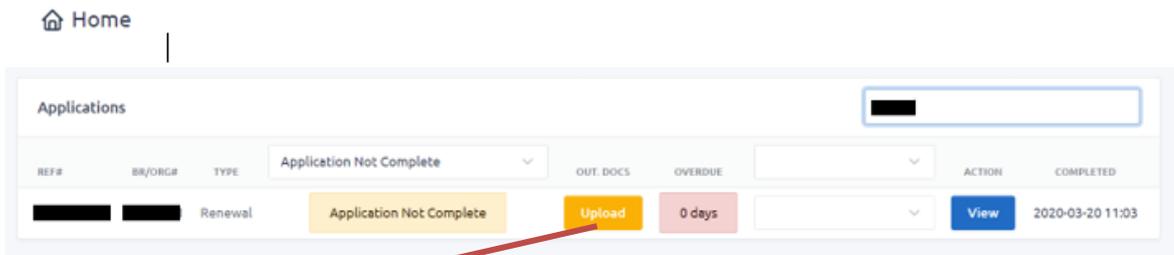
**Submit**

Click *Submit*

After submitting your application, you will receive an email and SMS with your reference number.

## Submitting requested Outstanding Documents

Once your application is analysed by the Accreditation Analyst, there may be additional outstanding documents required. You will receive an email requesting the outstanding documents. To submit these documents, login into the portal and on the homepage, you will see the application like below.



Click on 'Upload' and you will see the outstanding documents requested. Click on 'Yes', then Click on 'Choose File'.

Outstanding (Supporting Documents)

---

Supporting Documents

Question #/Document	Yes / No (Upload / Reason)	
2. Certified copy of highest academic qualifications (minimum, matric).	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="CHOOSE FILE or drag and drop file here"/>
9. Proof of payment of the prescribed non-refundable application fee of R1400.00 (Regulation 31 in terms of the Medical Schemes Act, 1998) is attached. (Applications received without proof of payment will not be acknowledged) COUNCIL FOR MEDICAL SCHEMES: BANKING DETAILS <ul style="list-style-type: none"><li>• Bank: ABSA</li><li>• Branch: Vermeulen Street</li><li>• Branch Code: 517 245</li><li>• Account number: 4051 163 394</li><li>• Reference: I.D Number or Name of Broker</li></ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="CHOOSE FILE or drag and drop file here"/>
10. Please click <a href="#">here</a> to download the Managed Integrity Evaluation (MIE) consent form. Complete the form and use the "Yes" option to upload the form.	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="CHOOSE FILE or drag and drop file here"/>

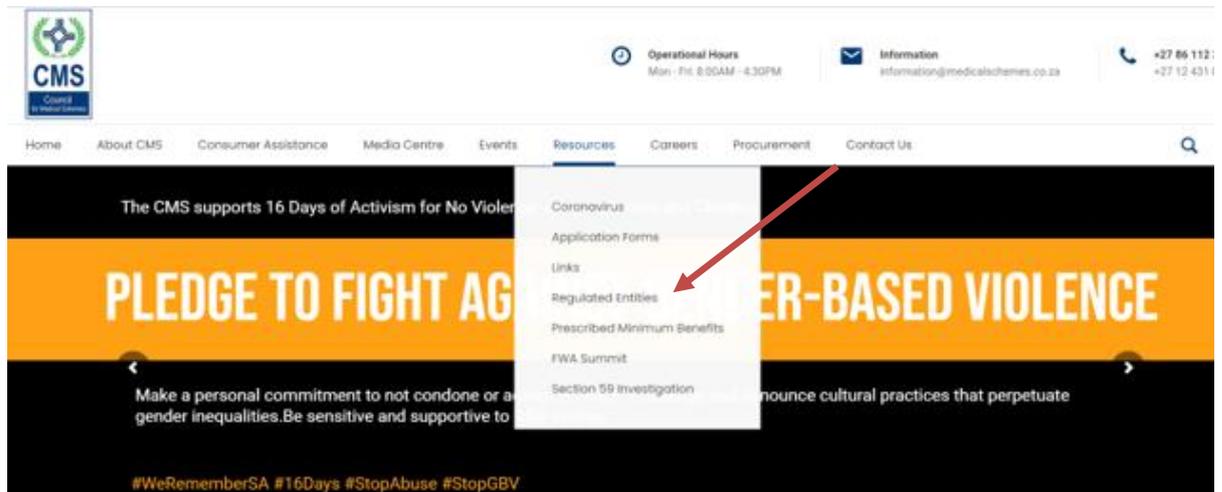
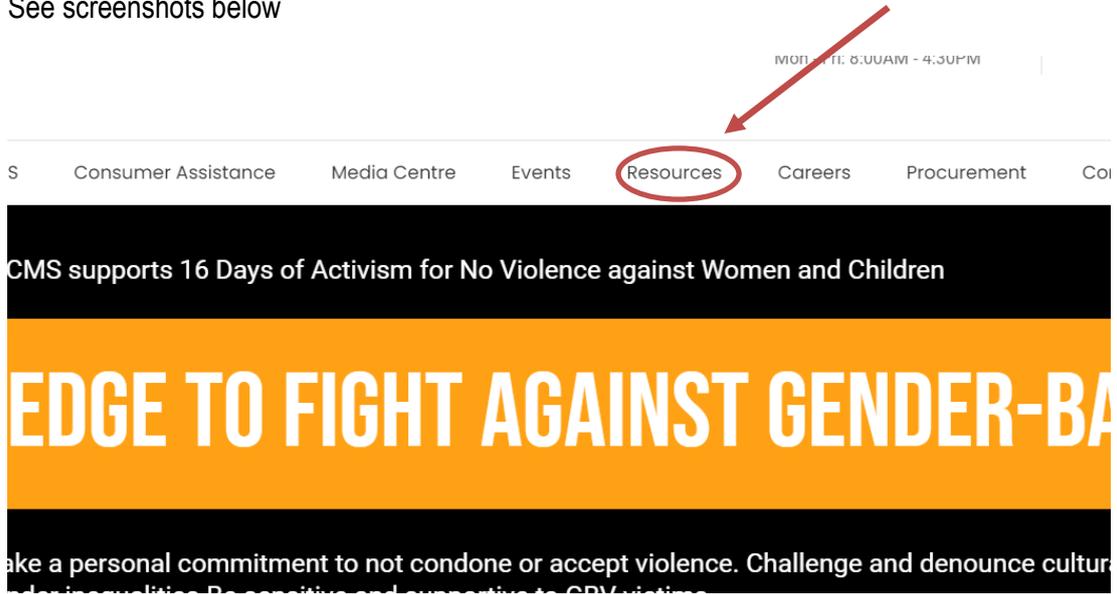
Upload all the requested files and click on 'Submit'

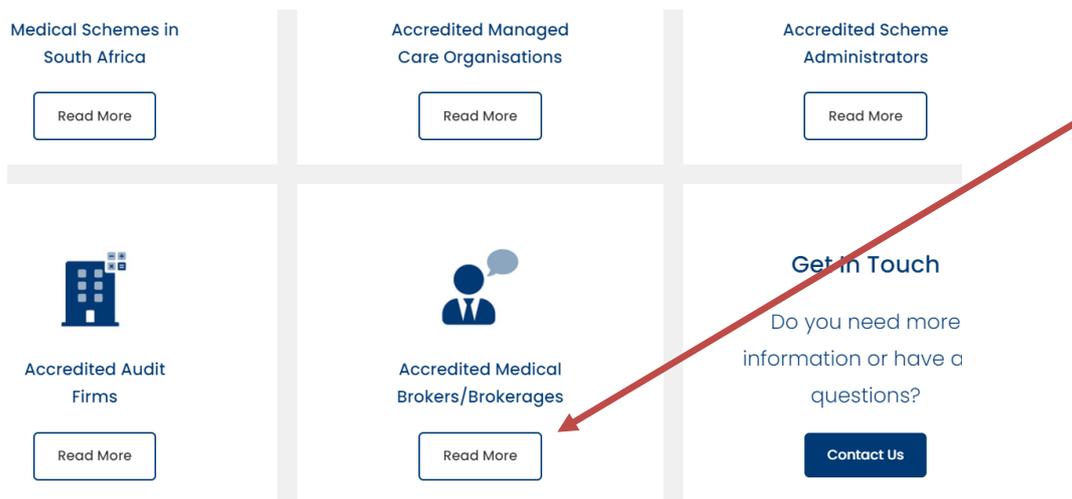
You will receive a Success message on screen and your application status will change to "Outstanding Document Received"

## How to check if a Broker/Brokerage is Accredited

Navigate to Resources → Click on Regulated Entities → scroll down to Accredited Medical Brokers/Brokerages and click on Read More, you will be presented with the search page to search for Accredited Brokers and Brokerages

See screenshots below





## Frequently Asked Questions

1. **I receive an email with outstanding document what should I do?**  
If any outstanding documents are specified by the Accreditation department an email will be sent to the applicant specifying what documents are needed.
2. **When I register it tells me my ID number already exist?**  
If your ID number already exists, it means you are a Broker with us, you must do the *Forgot your password?*
3. **My email address has changed what should I do?**  
If you have changed your email address, please send your new email address to [Accreditenquiries@medicalschemes.co.za](mailto:Accreditenquiries@medicalschemes.co.za) requesting the change. You can also send the details of the head of organisation to this email address for update.
4. **I cannot upload documents; why does the portal not save the documents I Upload?**  
You have not saved Section A. Please complete and Save Section A first before proceeding to the next sections, failing to save section A will result in your other sections not saving and you would be unable to upload any documents.
5. **Can I apply on behalf of a Broker or Brokerage/ORG?**  
The Head of the ORG or the Individual Broker has to complete the applications in their own capacity, because of the declaration and fit and proper questions, a third person is not allowed to complete the application on their behalf.
6. **I sent my reset password link to someone to do the reset.**  
This will not work, the user doing a reset password that receives the email has to perform the password resetting by clicking the URL from his/her email, forwarding the email on, invalidates the URL.

**7. Invalid token message.**

The invalid token error comes up when the recipient of the password reset email forwards the email with the link the link is not used by the recipient. The link is invalidated in this case for security reasons.

Another reason the invalid token error comes up is if the password reset link received is used after 60 minutes has lapse. Again, a security measure.

The recipient of the password reset email must be the one to click through on the link received. Once the email is forwarded the link is invalidated.

**8. Why is my application not saving, it just hangs?**

The reason the application is not saving is because you have not saved Section A.

Please log in go to Apply → Organisation/Individual Application

Go to Section A and save this section first, once saved, go the next section and save. You must save each section as you go along.