



## 1.1. HCP - External User Access Form (Private)

### Purpose

The purpose of this transaction is to enable a Health Care Provider (HCP) previously known as Medical Service Provider (MSP) to apply for access to CompEasy by completing the online External User Access Form.

### Business Scenario

In this scenario a HCP requests access to the CompEasy System.

### Prerequisites

The following prerequisites are applicable when processing this transaction:

- Access to <https://CompEasy.labour.gov.za> website.

### 1.1.1. User Registration - Internet Explorer

**CompEasy**

Online External User Registration

\* User Category:  \* Title:

\* First name:  \* Last name:

Personnel No:  E-Mail Address:

\* ID Type:  \* ID Number:

Mobile Phone:  Telephone:

Position:  Gender:

Employ Period Years:  Months:

Date of Birth:

Company / Service Provider Details

\* Business Partner:  Organisation Reg No:

Health Practice No:  CF Registration No:

Company Name:  Street:

City:  Region:

Postal Code:

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:


\* Manager ID Type:  \* Manager ID:


Declaration



Fill in all the fields with the relevant information as required.



 The User's will access the online External User Registration Form via the following link:  
<https://CompEasy.labour.gov.za>  
 The *External User Registration Form* link will be available on the website of the Department of Employment and Labour.

 Please take note of the browsers that are currently supported:

- Chrome - Version 77
- Internet Explorer 11 (*known issues with IE 9*)
- Mozilla Firefox - Version 45 and above
- Apple Safari - Versions older than 3 years are not supported

Browser that is not supported:

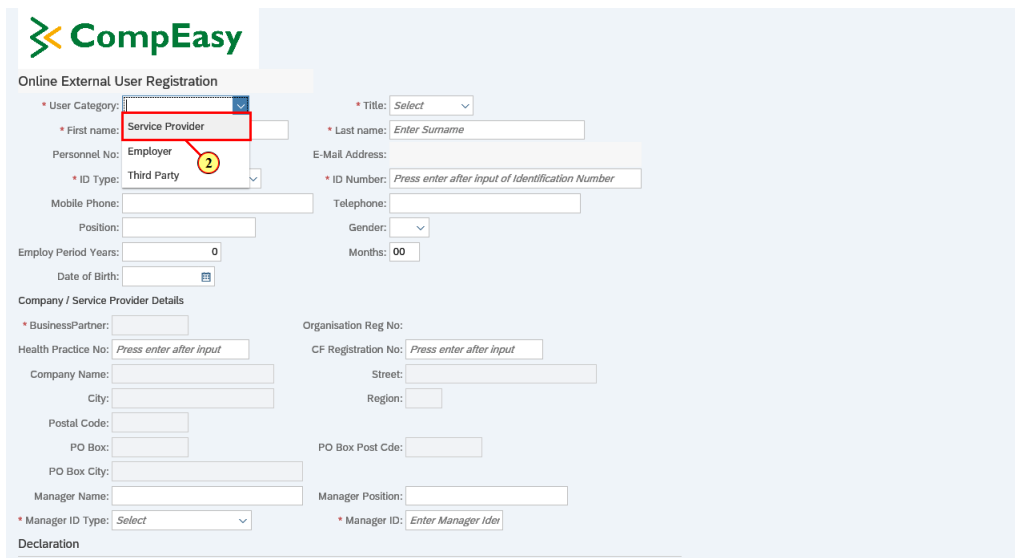
- Microsoft Edge

*The following browsers are recommended:*

- Chrome - Version 77
- Internet Explorer 11 and above

Step	Action
[1]	Click the <b>User Category</b>  <b>drop down</b> button to display the available list.

### 1.1.2. User Registration - Internet Explorer



**CompEasy**  
 Online External User Registration

\* User Category: **Service Provider** (dropdown menu open)

\* First name: Service Provider

Personnel No: Employer

\* ID Type: Third Party

Mobile Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Employ Period Years: 0

Date of Birth: \_\_\_\_\_

\* Title: Select

\* Last name: Enter Surname

E-Mail Address: \_\_\_\_\_

\* ID Number: Press enter after input of Identification Number

Telephone: \_\_\_\_\_

Gender: \_\_\_\_\_

Months: 00

**Company / Service Provider Details**

\* BusinessPartner: \_\_\_\_\_

Health Practice No: Press enter after input

Company Name: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

PO Box: \_\_\_\_\_

PO Box City: \_\_\_\_\_

Manager Name: \_\_\_\_\_

\* Manager ID Type: Select

Organisation Reg No: \_\_\_\_\_

CF Registration No: Press enter after input

Street: \_\_\_\_\_

Region: \_\_\_\_\_

PO Box Post Cde: \_\_\_\_\_

Manager Position: \_\_\_\_\_

\* Manager ID: Enter Manager Idnr

Declaration

Step	Action
[2]	Click on the <b>User Category Service Provider</b> <b>Service Provider</b> option to select it.



### 1.1.3. User Registration - Internet Explorer

Online External User Registration

\* User Category: Service Provider

\* Title: Select

\* First name: Enter First Name

\* Last name: Enter Surname

Personnel No: [ ]

E-Mail Address: [ ]

\* ID Type: Select

\* ID Number: Press enter after input of Identification Number

Mobile Phone: [ ]

Telephone: [ ]

Position: [ ]

Gender: [ ]

Employ Period Years: 0

Months: 00

Date of Birth: [ ]

Company / Service Provider Details

\* BusinessPartner: [ ]

Organisation Reg No: [ ]

Health Practice No: Press enter after input

CF Registration No: Press enter after input

Company Name: [ ]

Street: [ ]

City: [ ]

Region: [ ]

Postal Code: [ ]

PO Box: [ ]

PO Box Post Cde: [ ]

PO Box City: [ ]


Manager Name: [ ]

Manager Position: [ ]

\* Manager ID Type: Select

\* Manager ID: Enter Manager Idet

Declaration

Step	Action
[3]	Click the <b>Title</b>  <b>drop down</b> button to display the available list.

### 1.1.4. User Registration - Internet Explorer

Online External User Registration

\* User Category: Service Provider

\* Title: Unknown

\* First name: Enter First Name

\* Last name: Unknown

Personnel No: [ ]

E-Mail Address: Ms

\* ID Type: Select

\* ID Number: Mr

Mobile Phone: [ ]

Telephone: Rev

Position: [ ]

Gender: Prof

Employ Period Years: 0

Months: Advocate

Date of Birth: [ ]

Director

Company / Service Provider Details

\* BusinessPartner: [ ]

Organisation Reg No: Miss

Health Practice No: Press enter after input

CF Registration No: Mrs

Company Name: [ ]

Street: [ ]

City: [ ]

Region: [ ]

Postal Code: [ ]

PO Box: [ ]

PO Box Post Cde: [ ]

PO Box City: [ ]


Manager Name: [ ]

Manager Position: [ ]

\* Manager ID Type: Select

\* Manager ID: Enter Manager Idet

Declaration

Step	Action
[4]	Click on the <b>Ms</b>  option to select it.



### 1.1.5. User Registration - Internet Explorer


Step	Action
[5]	Enter <b>Sanda</b> in the <b>First Name</b> field.

### 1.1.6. User Registration - Internet Explorer

Step	Action
[6]	Enter <b>Sineliso</b> in the <b>Last name</b> field.



### 1.1.7. User Registration - Internet Explorer


Step	Action
[7]	Click the <b>ID Type</b>  <b>drop down</b> button to display the available list.

### 1.1.8. User Registration - Internet Explorer

Step	Action
[8]	Click on the <b>Passport Number</b> <b>Passport Number</b> option to select it.



### 1.1.9. User Registration - Internet Explorer

 The Service Provider email address will be populated from the CompEasy System, provided the email address was entered during registration.

In this example, the email address was not provided during the registration of the HCP, thus it will not display.

Step	Action
[9]	Enter AB500A7000BC in the ID Number field.

### 1.1.10. User Registration - Internet Explorer



Step	Action
[10]	Enter <b>0117870000</b> in the <b>Telephone</b> field.

### 1.1.11. User Registration - Internet Explorer

Online External User Registration

\* User Category: Service Provider \* Title: Ms

\* First name: Sanda \* Last name: Sineliso

Personnel No: E-Mail Address:

\* ID Type: Passport Number \* ID Number: AB500A7000BC

Mobile Phone: Telephone: 0117870000

Position: Gender: [Dropdown]

Employ Period Years: 0 Months: 00 **11**

Date of Birth:

Company / Service Provider Details

\* BusinessPartner: Organisation Reg No:

Health Practice No: Press enter after input CF Registration No: Press enter after input

Company Name: Street:

City: Region:

Postal Code:

PO Box: PO Box Post Cde:

PO Box City:

Manager Name: Manager Position:

\* Manager ID Type: Select \* Manager ID: Enter Manager Idet

Declaration

Step	Action
[11]	Click the <b>Gender</b> [Dropdown] <b>drop down</b> button to display the available list.

### 1.1.12. User Registration - Internet Explorer

Online External User Registration

\* User Category: Service Provider \* Title: Ms

\* First name: Sanda \* Last name: Sineliso

Personnel No: E-Mail Address:

\* ID Type: Passport Number \* ID Number: AB500A7000BC

Mobile Phone: Telephone: 0117870000

Position: Gender: [Dropdown]

Employ Period Years: 0 Months: Male M

Date of Birth: Female F **12**

Company / Service Provider Details

\* BusinessPartner: Organisation Reg No:

Health Practice No: Press enter after input CF Registration No: Press enter after input

Company Name: Street:

City: Region:

Postal Code:

PO Box: PO Box Post Cde:

PO Box City:

Manager Name: Manager Position:

\* Manager ID Type: Select \* Manager ID: Enter Manager Idet


Declaration


Step	Action
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Step	Action
[12]	Click on the <b>Female F</b> <b>Female F</b> option to select it.

### 1.1.13. User Registration - Internet Explorer

 The CF Registration number is the number obtained from CF when the employer initially registered at the Compensation Fund.

 The Health Care Provider (HCP) previously known as *Medical Service Provider (MSP)* information will be populated from the CompEasy System.

Step	Action
[13]	Enter <b>990000990000</b> in the <b>CF Registration No</b> field.
[14]	Please press Enter on the keyboard.





### 1.1.14. User Registration - Internet Explorer

Step	Action
[15]	Click in the <b>area below the scroll bar</b> to scroll down.

### 1.1.15. User Registration - Internet Explorer


Step	Action
[16]	Enter <b>Luniko</b> in the <b>Manager Name</b> field.



### 1.1.16. User Registration - Internet Explorer

Step	Action
[17]	Enter <b>HR Manager</b> in the <b>Manager Position</b> field.

### 1.1.17. User Registration - Internet Explorer

Step	Action
[18]	Click the <b>Manager ID Type</b>  <b>drop down</b> button to display the available list.



### 1.1.18. User Registration - Internet Explorer

Step	Action
[19]	Click on the <b>SA ID Number</b> SA ID Number option to select it.

### 1.1.19. User Registration - Internet Explorer

Step	Action
[20]	Enter <b>9001015353080</b> in the <b>Manager ID</b> field.



## 1.1.20. User Registration - Internet Explorer

Postal Code:   
PO Box:  PO Box Post Cde:   
PO Box City:   
Manager Name:  Manager Position:   
\* Manager ID Type: SA ID Number \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.  **21**

Required Documents: Certified ID or Passport copy of the user who will be transacting  
Proof of address(Business Address)  
Letter of Authority (Power of attorney)  
Health Practice Registration Certificate from BHF


File Upload

Document Type:  Browse... Upload

Uploaded Files

Document Type	File Name	File Type	File Size	Link
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Submit for Approval

 Read the Declaration before selecting the checkbox.

Step	Action
[21]	Click to select the Declaration <input type="checkbox"/> checkbox.

## 1.1.21. User Registration - Internet Explorer

Postal Code:   
PO Box:  PO Box Post Cde:   
PO Box City:   
Manager Name:  Manager Position:   
\* Manager ID Type: SA ID Number \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.  **22**

Required Documents: Certified ID or Passport copy of the user who will be transacting  
Proof of address(Business Address)  
Letter of Authority (Power of attorney)  
Health Practice Registration Certificate from BHF

File Upload

Document Type:  Browse... Upload

Uploaded Files

Document Type	File Name	File Type	File Size	Link
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Submit for Approval



	<p>Please ensure that all the required documents are attached before submitting.</p> <p>The Letter of Authority (Power of attorney) is only required if the applicant is not the owner of the HCP.</p>
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Step	Action
[22]	Click the <b>Document Type</b>  <b>drop down</b> button to display the available list.


### 1.1.22. User Registration - Internet Explorer

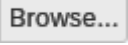
Postal Code:   
PO Box:  PO Box Post Cde:   
PO Box City:   
Manager Name: Luniko Manager Position: HR Manager  
\* Manager ID Type: SA ID Number \* Manager ID: 9001015353080  
Declaration  
I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:   
Required Documents: Certified ID or Passport copy of the user who will be transacting  
Proof of address(Business Address)  
Letter of Authority (Power of attorney)  
Health Practice Registration Certificate from BHF  
File Upload  
Document Type: **User SA ID / Passport** Browse... Upload  
Uploaded Files  
Delete Attachme  
Document:  **User SA ID / Passport** 23  
 Proof of Business Address  
 Power of Attorney Letter  
 Persal Employee Report  
 Health Prac Reg Certificate from BHF  
 HR/Employer Confirmation  
 Director(s) ID Document (at least one)  
 Company/Organisation Registration(CIPC)  
Submit for Approval

Step	Action
[23]	Double click on the <b>User SA ID / Passport</b> <b>User SA ID / Passport</b> option to select it.

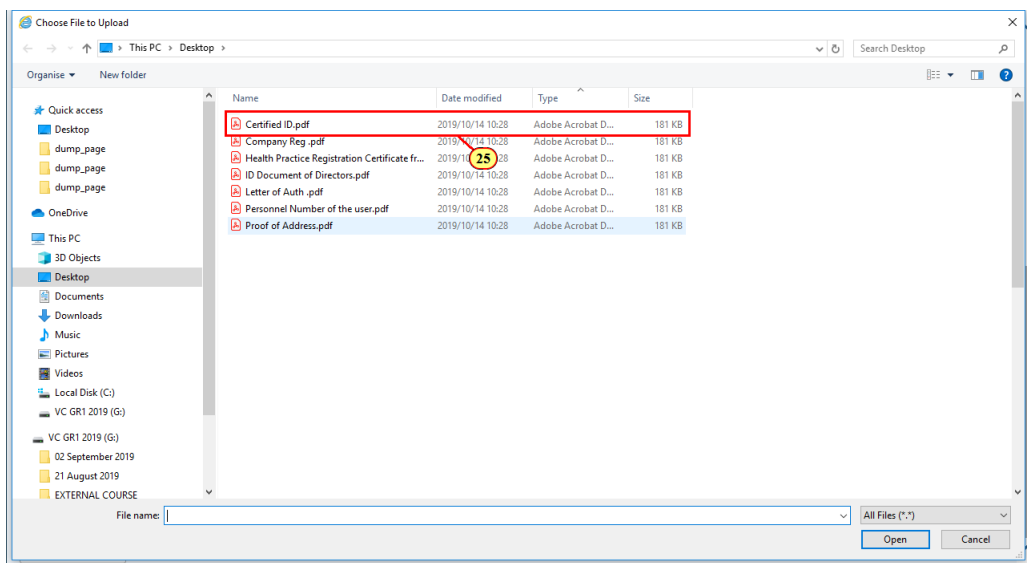


### 1.1.23. User Registration - Internet Explorer

 The file types allowed for upload are: **PDF, JPG, JPEG, MSG, DOC, DOCX, XLX and XLXS**  
The maximum Upload file size is **3MB**.

Step	Action
[24]	Click the <b>Browse</b>  button to select the relevant document.

### 1.1.24. Choose File to Upload





Step	Action
[25]	Double click on the <b>Certified ID.pdf</b>  <b>Certified ID.pdf</b> file to select it.

### 1.1.25. User Registration - Internet Explorer

Postal Code:  PO Box:  PO Box Post Cde:   
PO Box City:   
Manager Name:  Manager Position:   
\* Manager ID Type:  \* Manager ID:   
Declaration  
I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:   
Required Documents: Certified ID or Passport copy of the user who will be transacting  
Proof of address(Business Address)  
Letter of Authority (Power of attorney)  
Health Practice Registration Certificate from BHF  
File Upload  
Document Type:      
Uploaded Files  

Document Type	File Name	File Type	File Size	Link
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				


Step	Action
[26]	Click the <b>Upload</b>  button to upload the selected document.

### 1.1.26. User Registration - Internet Explorer

Postal Code:  PO Box:  PO Box Post Cde:   
PO Box City:   
Manager Name:  Manager Position:   
\* Manager ID Type:  \* Manager ID:   
Declaration  
I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:   
Required Documents: Certified ID or Passport copy of the user who will be transacting  
Proof of address(Business Address)  
Letter of Authority (Power of attorney)  
Health Practice Registration Certificate from BHF  
File Upload  
Document Type:      
Uploaded Files  

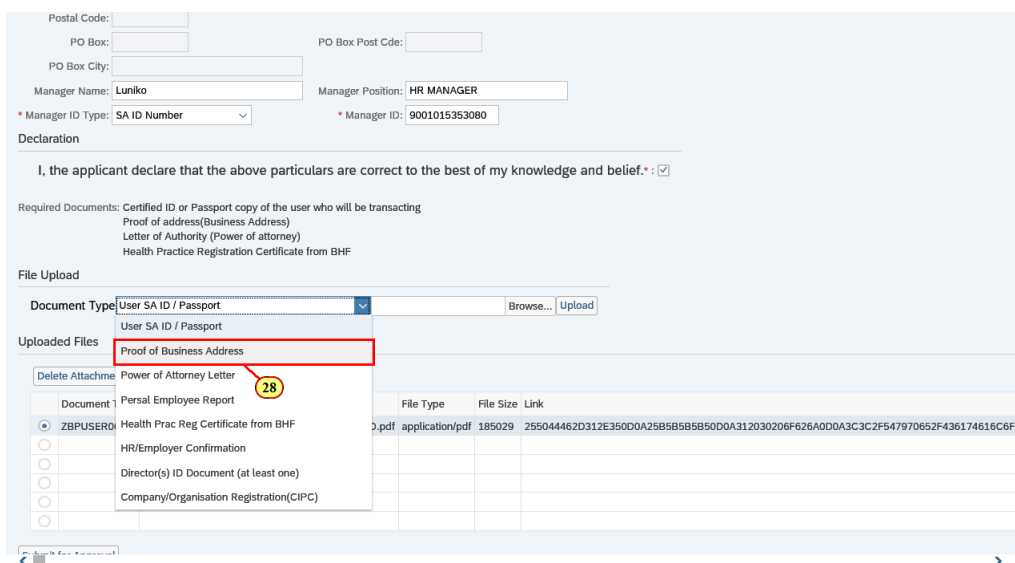
Document Type	File Name	File Type	File Size	Link	
<input checked="" type="radio"/>	ZBPUSER06	C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B50D0A31203020F626A0DDA3C32F547970652F436174616C6F
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					



	The uploaded document details are displayed.
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Step	Action
[27]	Click the <b>Document Type</b>  drop down button to display the available list.

### 1.1.27. User Registration - Internet Explorer



Postal Code:  PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type:  \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

File Upload

Document Type:

Uploaded Files

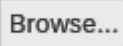
Document	File Type	File Size	Link
<input type="radio"/> <b>Proof of Business Address</b>			
<input type="radio"/> Power of Attorney Letter			
<input type="radio"/> Persal Employee Report			
<input checked="" type="radio"/> ZBPUSER0 Health Prac Reg Certificate from BHF	application/pdf	185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174616C6F
<input type="radio"/> HR/Employer Confirmation			
<input type="radio"/> Director(s) ID Document (at least one)			
<input type="radio"/> Company/Organisation Registration(CIPC)			

Step	Action
[28]	Double click on the <b>Proof of Business Address</b> <b>Proof of Business Address</b> option to select it.

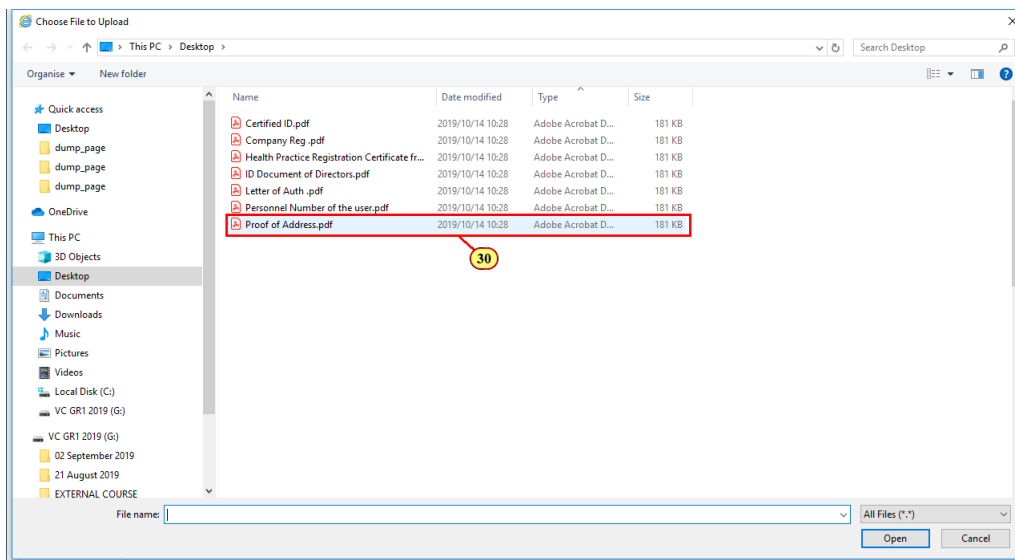




### 1.1.28. User Registration - Internet Explorer

Step	Action
[29]	Click the <b>Browse</b>  button to select the relevant document.

### 1.1.29. Choose File to Upload



Step	Action
[30]	Double click on the <b>Proof of Address.pdf</b>  file to select it.



### 1.1.30. User Registration - Internet Explorer

Postal Code:

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type: SA ID Number  \* Manager ID:

**Declaration**

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

**File Upload**

Document Type:   Browse...  31

**Uploaded Files**

Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSER06 C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174616C6F
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

Step	Action
[31]	Click the <b>Upload</b> <input type="button" value="Upload"/> button to upload the selected document.

### 1.1.31. User Registration - Internet Explorer

Postal Code:

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type: SA ID Number  \* Manager ID:

**Declaration**

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

**File Upload**

Document Type:   Browse...  32

**Uploaded Files**

Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSER06 C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER01 C:\Users\User\Desktop\CF Documents\Proof of Address.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>				
<input type="radio"/>				

Step	Action
[32]	Click the <b>Document Type</b> <input type="text" value="Proof of Business Address"/> drop down button to display the available list.



### 1.1.32. User Registration - Internet Explorer

Postal Code:   
 PO Box:  PO Box Post Cde:   
 PO Box City:   
 Manager Name:  Manager Position:   
 \* Manager ID Type: SA ID Number \* Manager ID:

Declaration  
 I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

File Upload  
 Document Type:     
 User SA ID / Passport  
 Uploaded Files  
   

Document	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSE00 Health Prac Reg Certificate from BHF	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSE00 HR/Employer Confirmation	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	Director(s) ID Document (at least one)			
<input type="radio"/>	Company/Organisation Registration(CIPC)			

Step	Action
[33]	Double click on the <b>Power of Attorney Letter</b> <input type="text" value="Power of Attorney Letter"/> option to select it.

### 1.1.33. User Registration - Internet Explorer

Postal Code:   
 PO Box:  PO Box Post Cde:   
 PO Box City:   
 Manager Name:  Manager Position:   
 \* Manager ID Type: SA ID Number \* Manager ID:

Declaration  
 I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

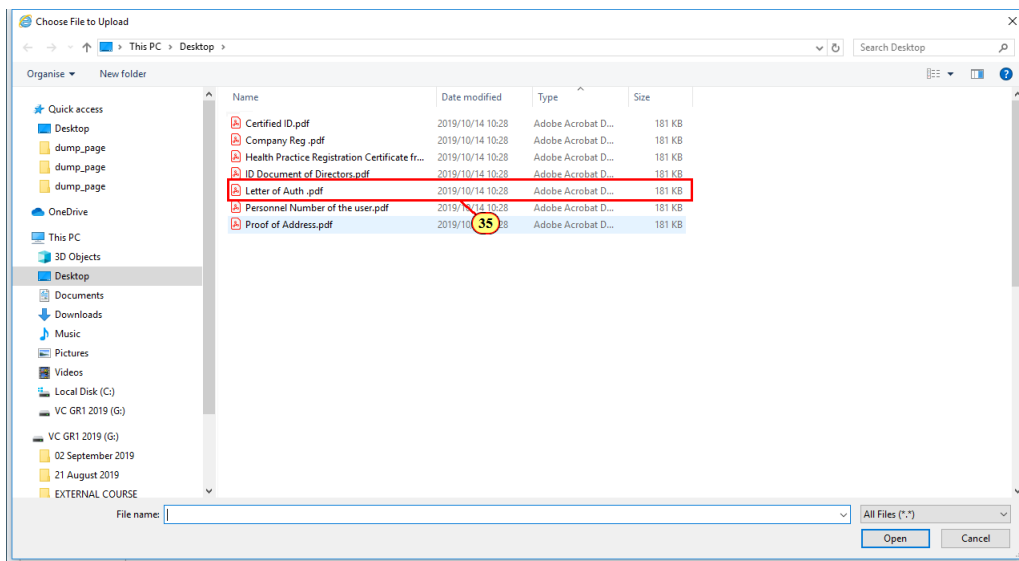
File Upload  
 Document Type:     
 Uploaded Files  
  

Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSE06 C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSE01 C:\Users\User\Desktop\CF Documents\Proof of Address.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>				
<input type="radio"/>				

Step	Action
[34]	Click the <b>Browse</b> <input type="button" value="Browse..."/> button to select the relevant document.

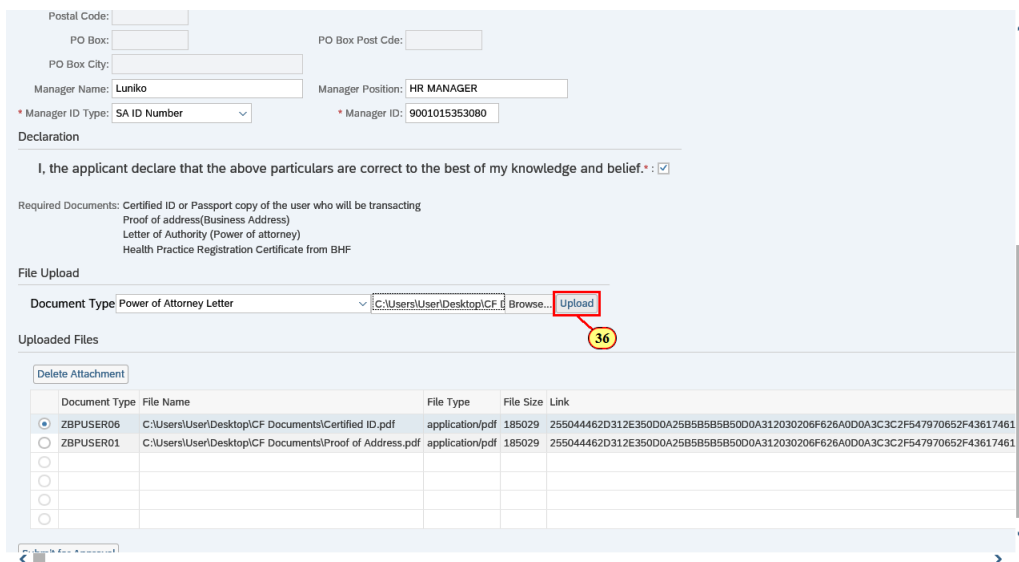


### 1.1.34. Choose File to Upload



Step	Action
[35]	Double click on the <b>Letter of Auth.pdf</b>  <b>Letter of Auth .pdf</b> file to select it.

### 1.1.35. User Registration - Internet Explorer



Step	Action
[36]	Click the <b>Upload</b>  button to upload the selected document.



### 1.1.36. User Registration - Internet Explorer

Postal Code:

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type:  \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief. \*:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

File Upload

Document Type:

Uploaded Files

Document	Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSER06	C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER01	C:\Users\User\Desktop\CF Documents\Proof of Address.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER05	C:\Users\User\Desktop\CF Documents\Letter of Auth.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461

Step	Action
[37]	Click the <b>Document Type</b> <input type="button" value="v"/> drop down button to display the available list.

### 1.1.37. User Registration - Internet Explorer

Postal Code:

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type:  \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief. \*:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

File Upload

Document Type:

Uploaded Files

Document	Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSER06	C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER01	C:\Users\User\Desktop\CF Documents\Proof of Address.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER05	C:\Users\User\Desktop\CF Documents\Letter of Auth.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461

Step	Action
[38]	Double click on the <b>Heath Prac Reg Certificate from BHF</b> <input type="button" value="v"/> option to select it.



### 1.1.38. User Registration - Internet Explorer

Postal Code:

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type: SA ID Number \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief. :

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address (Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

File Upload

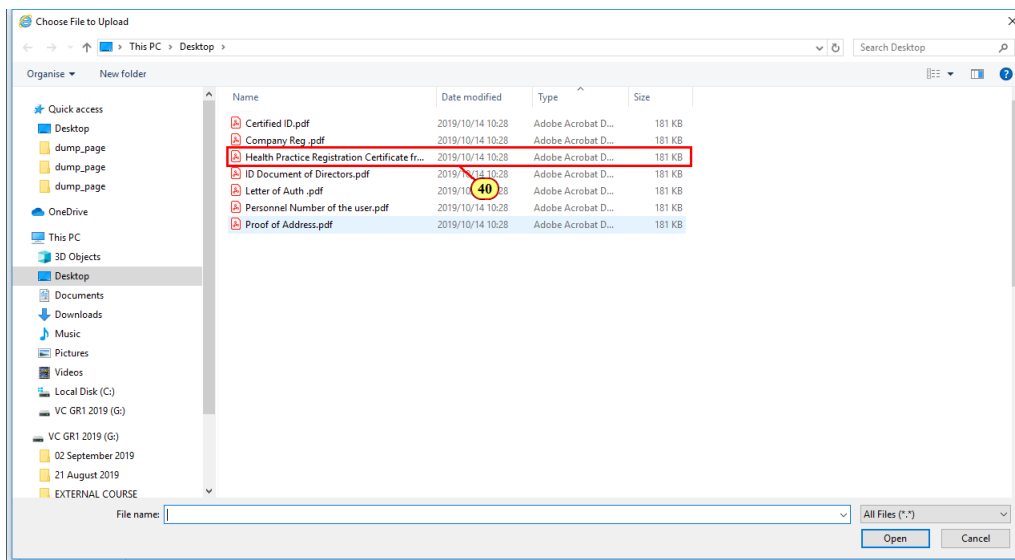
Document Type:

Uploaded Files

Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSER06 C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER01 C:\Users\User\Desktop\CF Documents\Proof of Address.pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER05 C:\Users\User\Desktop\CF Documents\Letter of Auth .pdf	application/pdf	185029	255044462D312E350D0A25B5B585B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>				
<input type="radio"/>				

Step	Action
[39]	Click the <b>Browse</b> <input type="button" value="Browse..."/> button to select the relevant document.

### 1.1.39. Choose File to Upload



Step	Action
[40]	Double click on the <b>Health Practice Registration Certificate from BHF.pdf</b> <input type="button" value="Health Practice Registration Certificate fr..."/> file to select it.



### 1.1.40. User Registration - Internet Explorer

Postal Code:   
 PO Box:  PO Box Post Cde:   
 PO Box City:   
 Manager Name:  Manager Position:   
 \* Manager ID Type:  \* Manager ID:

Declaration  
 I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\* :

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

File Upload  
 Document Type:   Browse...  41

Uploaded Files

Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSER06 C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER01 C:\Users\User\Desktop\CF Documents\Proof of Address.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER05 C:\Users\User\Desktop\CF Documents\Letter of Auth .pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>				
<input type="radio"/>				

Step	Action
[41]	Click the <b>Upload</b> <input type="button" value="Upload"/> button to upload the selected document.

### 1.1.41. User Registration - Internet Explorer

Postal Code:   
 PO Box:  PO Box Post Cde:   
 PO Box City:   
 Manager Name:  Manager Position:   
 \* Manager ID Type:  \* Manager ID:

Declaration  
 I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\* :

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

File Upload  
 Document Type:   Browse...

Uploaded Files

Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSER06 C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER01 C:\Users\User\Desktop\CF Documents\Proof of Address.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER05 C:\Users\User\Desktop\CF Documents\Letter of Auth .pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>	ZBPUSER04 C:\Users\User\Desktop\CF Documents\Health Practice Registration Certificate from BHF.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F43617461
<input type="radio"/>				

Step	Action
[42]	Click in the <b>area below the scroll bar</b> to scroll down.



### 1.1.42. User Registration - Internet Explorer

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type:  \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF


File Upload

Document Type:

Uploaded Files

Document Type	File Name	File Type	File Size	Link
<input checked="" type="radio"/>	ZBPUSER06 C:\Users\User\Desktop\CF Documents\Certified ID.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B50D0A312030206F626A0D0.
<input type="radio"/>	ZBPUSER01 C:\Users\User\Desktop\CF Documents\Proof of Address.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B50D0A312030206F626A0D0.
<input type="radio"/>	ZBPUSER05 C:\Users\User\Desktop\CF Documents\Letter of Auth .pdf	application/pdf	185029	255044462D312E350D0A25B5B5B50D0A312030206F626A0D0.
<input type="radio"/>	ZBPUSER04 C:\Users\User\Desktop\CF Documents\Health Practice Registration Certificate from BHF.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B50D0A312030206F626A0D0.
<input type="radio"/>				
<input type="radio"/>				

**43**

 If there is no system response after clicking the **Submit for Approval** button, scroll to the top to view the error message.

Step	Action
[43]	Click the <b>Submit for Approval</b> <input type="button" value="Submit for Approval"/> button to submit the User Registration request for approval.

### 1.1.43. User Registration - Internet Explorer

Postal Code:

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type:  \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.:

Required Documents: Certified ID or Passport copy of the user who will be transacting  
 Proof of address(Business Address)  
 Letter of Authority (Power of attorney)  
 Health Practice Registration Certificate from BHF

File Upload

Document Type:

Uploaded Files


Document Type	File Name	File Type	File Size	Link
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

**44**

User details submitted for approval





Step	Action
[44]	Click the <b>OK</b>  button to acknowledge the message.

### 1.1.44. User Registration - Internet Explorer

Postal Code:

PO Box:  PO Box Post Cde:

PO Box City:

Manager Name:  Manager Position:

\* Manager ID Type:  \* Manager ID:

Declaration

I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.\*:


Required Documents: Certified ID or Passport copy of the user who will be transacting  
Proof of address(Business Address)  
Letter of Authority (Power of attorney)  
Health Practice Registration Certificate from BHF

File Upload

Document Type

Uploaded Files

	Document Type	File Name	File Type	File Size	Link
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

 Well done! You have successfully submitted the request for User access to the CompEasy System for approval.