

# 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 <a href="https://CompEasy.labour.gov.za">https://CompEasy.labour.gov.za</a> website.

#### 1.1.1. User Registration - Internet Explorer

<b>≩ CompEasy</b>	
Online External User Registration	
* User Category: Select	* 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 Ider
Declaration	









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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.

Chrome - Version 77
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Step	Action
[1]	Click the <b>User Category</b> drop down button to display the available list.

## 1.1.2. User Registration - Internet Explorer

<mark>∢ C</mark> o	mpEasy						^
	User Registration						
* User Category:		* Title: Select 🗸					
* First name:	Service Provider	* Last name: Enter Surname					
Personnel No:	(2)	E-Mail Address:					
* ID Type:	Third Party	* ID Number: Press enter after input of Identification Number					
Mobile Phone:	c	Telephone:					
Position:	:	Gender: V					
Employ Period Years:	. 0	Months: 00					
Date of Birth:	: 🔟						
Company / Service Pr	rovider 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 Ider					
Declaration						 	V

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







## 1.1.3. User Registration - Internet Explorer

<mark>کر د</mark>	mpEasy			
Online External	User Registration			
* User Category	Service Provider	* Title: Se	lect 🗸	
* First name	: Enter First Name	* Last name: En	ter Surname	
Personnel No	2	E-Mail Address:	U	
* ID Type	: Select ~	* ID Number: Pre	ess enter after input of Identification Nu	mber
Mobile Phone		Telephone:		
Position		Gender:	~	
Employ Period Years		Months: 00		
Date of Birth				
Company / Service P	rovider 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 Ider	
Declaration				

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

## 1.1.4. User Registration - Internet Explorer

•				
i <b>∛ C</b> o	mpEasy			
	User Registration			
	Service Provider	* Title:		1
	: Enter First Name	P	Unknown	
Personnel No		E-Mail Address:	Ms	
* ID Type	: Select ~	* ID Number:	Mr	input of Identification Number
Mobile Phone		Telephone:	(4)	
Position	a	Gender:	Prof	
Employ Period Years	0	Months:	Advocate	
Date of Birth	. 🗎		Director	
Company / Service P	rovider Details		Honerable	
* BusinessPartner:		Organisation Reg I	Miss	
Health Practice No:	Press enter after input	CF Registration I	Mrs	fter input
Company Name:		Stre	ət:	
City:		Regio	n:	
Postal Code:				
PO Box:		PO Box Post Co	le:	
PO Box City:				
Manager Name:		Manager Positio		
* Manager ID Type:	Select ~	* Manager I	D: Enter Manag	ier Idei
Declaration				

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







## 1.1.5. User Registration - Internet Explorer

200	mpEasy		
> 00	mpEasy		
Online External l	User Registration		
User Category:	Service Provider	* Title: N	As ~
* First name:	Enter First Name	* Last name: E	Enter Surname
Personnel No:	5	E-Mail Address:	
* ID Type:		* ID Number: P	Press enter after input of Identification Number
Mobile Phone:		Telephone:	
Position:	:	Gender:	~
Employ Period Years:	. 0	Months: 0	ю
Date of Birth:	: 🗎		
Company / Service Pr	rovider Details		
* BusinessPartner:		Organisation Reg No	
Health Practice No:	Press enter after input	CF Registration No	e: Press enter after input
Company Name:		Street	t:
City:		Region	1:
Postal Code:			
PO Box:		PO Box Post Cde	21
PO Box City:			
Manager Name:		Manager Position	1:
* Manager ID Type: .	Select ~	* Manager ID	1: Enter Manager Ider
Declaration			

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

## 1.1.6. User Registration - Internet Explorer

کر Co	mpEasy						
Online External	User Registration						
* User Category	: Service Provider V	* Title: Ms 🗸					
* First name	Sanda	* Last name: Enter Surname					
Personnel No	c	E-Mail Address:					
* ID Type	: Select ~	* ID Number: Press enter after input of Identification Number					
Mobile Phone	:	Telephone:					
Position		Gender: V					
Employ Period Years	. 0	Months: 00					
Date of Birth	: 🗰						
Company / Service P	rovider 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 Ider					
Declaration							

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







## 1.1.7. User Registration - Internet Explorer

20-							
5 C0	mpEasy						
Online External U	Jser Registration						
* User Category:	Service Provider V	* Title: N	Ms 🗸				
* First name:	Sanda	* Last name:	Sineliso				
Personnel No:	·	E-Mail Address:					
* ID Type:	Select ~	* ID Number: 7	Press enter after input of Identification Number				
Mobile Phone:		Telephone:					
Position:		Gender:	~				
Employ Period Years:	0	Months: 0	00				
Date of Birth:	Ē						
Company / Service Pr	ovider Details						
* BusinessPartner:		Organisation Reg No	0:				
Health Practice No: /	Press enter after input	CF Registration No	o: Press enter after input				
Company Name:		Stree	et:				
City:		Regior	n:				
Postal Code:							
PO Box:		PO Box Post Cde	e:				
PO Box City:							
Manager Name:		Manager Position	n:				
* Manager ID Type:	Select ~	* Manager IC	D: Enter Manager Ider				
Declaration							

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

# 1.1.8. User Registration - Internet Explorer

•			
i <b>∢ C</b> o	mpEasy		
· ·			
Online External l			
* User Category:	Service Provider V	* Title: M	
* First name:	Sanda	* Last name: Sit	neliso
Personnel No:		E-Mail Address:	
* ID Type:		V * ID Number: Pr	ess enter after input of Identification Number
Mobile Phone:	SA ID Number	Telephone:	
Position:	Passport Number	Gender:	~
Employ Period Years:	Work Permit Number	Months: 00	
Date of Birth:			
Company / Service Pr	rovider Details		
* BusinessPartner:		Organisation Reg No:	
Health Practice No:	Press enter after input	0 0	Press enter after input
Company Name:		Street:	· · · · · ·
City:		Region:	
Postal Code:		Region.	
PO Box:		PO Box Post Cde:	
PO Box City:			
Manager Name:		Manager Position:	
* Manager ID Type:	Select ~	* Manager ID:	Enter Manager Ider
Declaration			

Step	Action
[8]	Click on the Passport Number Passport Number option to select it.

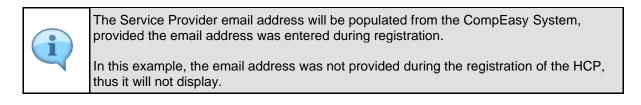






#### 1.1.9. User Registration - Internet Explorer

200	man En ave			
5 C0	mpEasy			
Online External	User Registration			
* User Category	: Service Provider	* Title: Ms	~	
* First name	: Sanda	* Last name: Sin	eliso	
Personnel No	:	E-Mail Address:		
* ID Type	Passport Number V	* ID Number: Pre	ess enter after input of Identification I	lumber
Mobile Phone		Telephone:		
Position	:	Gender:	~	
Employ Period Years	: 0	Months: 00		
Date of Birth	: 🗎			
Company / Service P	rovider 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 Ider	
Declaration				



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

## 1.1.10. User Registration - Internet Explorer

<b>≩ C</b> o	mpEasy			
Online External L	Jser Registration			
* User Category:	Service Provider V	* Title: N	ls ~	
* First name:	Sanda	* Last name: S	ineliso	
Personnel No:		E-Mail Address:		
* ID Type:	Passport Number V	* ID Number: A	B500A7000BC	_
Mobile Phone:		Telephone: 0	117870000	
Position:		Gender:	✓ 10	
Employ Period Years:	0	Months: 0		
Date of Birth:	<b></b>			
Company / Service Pr	ovider 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 Ider	
Declaration				







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

## 1.1.11. User Registration - Internet Explorer

<b>≧ C</b> o	mpEasy		
Online External L			
	Service Provider V	* Title: Ms 🗸	
* First name:	Sanda	* Last name: Sineliso	
Personnel No:		E-Mail Address:	
* ID Type:	Passport Number V	* ID Number: AB500A7000BC	
Mobile Phone:		Telephone: 0117870000	
Position:		Gender:	
Employ Period Years:	0	Months: 00 11	
Date of Birth:	Ē		
Company / Service Pr	ovider Details		
* BusinessPartner:		Organisation Reg No:	
Health Practice No: A	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 Ider	
Declaration			

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

## 1.1.12. User Registration - Internet Explorer

<b>≩ C</b> oi	mpEasy			
Online External U				
* User Category:	Service Provider	* Title: Ms	~	
* First name:	Sanda	* Last name: Sineliso		
Personnel No:		E-Mail Address:		
* ID Type:	Passport Number 🗸 🗸	* ID Number: AB500A7000	BC	
Mobile Phone:		Telephone: 0117870000		
Position:		Gender:		
Employ Period Years:	0	Months: Male M		
Date of Birth:	Ħ	Female F		
Company / Service Pro	ovider Details	(12	)	
* BusinessPartner:		Organisation Reg No:		
Health Practice No: P	tress enter after input	CF Registration No: Press en	ter 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: S	elect ~	* Manager ID: Enter Ma	nager Idei	
Declaration				

Step



Action





Step	Action
[12]	Click on the Female F Female F option to select it.

## 1.1.13. User Registration - Internet Explorer

2 Car	mpEacy			
	mpEasy			
Online External U	ser Registration			
* User Category:	Service Provider V	* Title:	Ms 🗸	
* First name:	Sanda	* Last name:	Sineliso	
Personnel No:		E-Mail Address:		
* ID Type:	Passport Number V	* ID Number:	AB500A7000BC	
Mobile Phone:		Telephone:	0117870000	
Position:		Gender:	Fen 🗸	
Employ Period Years:	0	Months:	00	
Date of Birth:	Ħ			
Company / Service Pro	ovider Details			
* BusinessPartner:		Organisation Reg N	lo:	
Health Practice No: P	Press enter after input	CF Registration N	lo:	
Company Name:		Stre	et: 13	
City:		Regio		
Postal Code:				
PO Box:		PO Box Post Co	le:	
PO Box City:				
Manager Name:		Manager Positio	in:	
* Manager ID Type: S	ielect ~	* Manager I	D: Enter Manager Ider	
Declaration				



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 99000990000 in the CF Registration No field.
[14]	Please press Enter on the keyboard.







## 1.1.14. User Registration - Internet Explorer

 	asy	
Online External User Registrat	tion	
* User Category: Service Provide	er 🗸 * Title:	Ms v
* First name: Sanda	* Last name:	Sineliso
Personnel No:	E-Mail Address:	
* ID Type: Passport Numb	er v * ID Number:	AB500A7000BC
Mobile Phone:	Telephone:	0117870000
Position:	Gender:	Fen 🗸
Employ Period Years:	0 Months:	DO
Date of Birth:	Ē	
Company / Service Provider Details		
* BusinessPartner: 200000200	Organisation Reg N	o: 200716200716
Health Practice No: Press enter after i	input CF Registration N	0: 990000990000
Health Practice No: Press enter after A Company Name: NORTHWOLD		o: 99000990000 et: MAUNDE ST
	Stree	L
Company Name: NORTHWOLD	Stree	MAUNDE ST
Company Name: NORTHWOLD City: ATTERIDGEVILLE	Stree	st: MAUNDE ST n: GP
Company Name: NORTHWOLD City: ATTERIDGEVILLE Postal Code:	Stree	st: MAUNDE ST n: GP
Company Name: NORTHWOLD City: ATTERIDGEVILLE Postal Code: PO Box:	Stree	t: MAUNDE ST

Step	Action
[15]	Click in the area below the scroll bar to scroll down.

## 1.1.15. User Registration - Internet Explorer

	Postal Code:						
	PO Box:				Р	Box Post Cde:	^
	PO Box City:						
Ma	nager Name:				N	ager Position:	
* Mana	iger ID Type: Sele	ct	(16	Y		* Manager ID: Enter Manager Ider	
Decla	ration		10				
L.	the applicant d	eclare th	at the at	ove par	ticula	are correct to the best of my knowledge and be	lief.*:
.,	are appaeant a			Jore pui	cie ata		
Requir	ed Documents: Cer					will be transacting	
			ss(Busines: ority (Power				
	Hea	alth Practic	e Registrati	on Certific	ate fron	HF	
File U	pload						
Doc	ument Type Sele	ct				V Browse Upload	
Uploa	ded Files						
De	lete Attachment						
	Document Type	File Name	File Type	File Size	Link		
Subm	it for Approval						V

Step	Action
[16]	Enter Luniko in the Manager Name field.







## 1.1.16. User Registration - Internet Explorer

Postal Code: PO Box: PO Box City: PO Box City:
Manager Name: Luniko Manager Position:
* Manager ID Type: Select  * Manager ID: Enter Manager Ide 17
Declaration
I, the applicant declare that the above particulars are correct to the best of my knowledge and belief.* : $\Box$
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 Select V Browse Upload
Doublent Type Janet. • Diwse Optional
Uploaded Files
Delete Attachment
Document Type File Name File Type File Size Link

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

## 1.1.17. User Registration - Internet Explorer

Postal Code:																~	
PO Box:				PO Box Post C	Cde:											^	
PO Box City:																	
Manager Name: Lun	iko			Manager Posit	tion: [	IR Manager											
* Manager ID Type: Sele	ect	~		* Manager	r ID:	Enter Manag	er Idei										
Declaration		7	(18)														
I, the applicant of	declare that			lars are corre	ect to	the best	t of mv	knowle	dge and	d belie	f.* : 🗌						
i, are apprearies			re purier					i i i i i i i i i i i i i i i i i i i	age and	a bene							
Required Documents: Ce	rtified ID or Pa oof of address			r who will be tran	nsactin	g											
Le	tter of Authorit	ty (Power of	f attorney)														
	alth Practice F	Registration	Certificate	rom BHF												11.	
File Upload																	
Document Type See	lect			~				Browse	Upload								
	lect			~				Browse	Upload							L	
Document Type See	lect			~				Browse	Upload							L	
	lect			~				Browse	Upload							l	
Uploaded Files		-ile Type Fil	ile Size Linl					Browse	Upload							l	
Uploaded Files Delete Attachment		File Type Fil	ile Size Lini					Browse	Upload							l	
Uploaded Files           Delete Attachment           Document Type		File Type Fil	ile Size Lini					Browse	Upload								
Uploaded Files Delete Attachment Document Type		File Type Fil	ile Size Lini					Browse	Upload								
Uploaded Files  Delete Attachment  Document Type		File Type Fil	ile Size Lini					Browse	Upload								
Uploaded Files           Delete Attachment           Document Type		File Type Fil	ile Size Lini					Browse	Upload								
Uploaded Files Detete Attachment Document Type		File Type Fil	ile Size Lini					Browse	Upload								

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







## 1.1.18. User Registration - Internet Explorer

P	ostal Code:									
	PO Box:				1	PO Box Post Cde:				
P	O Box City:									
Mana	ager Name: Lun	iko				Manager Position:	HR Manager			
• Manag	er ID Type:		\ \	~		* Manager ID:	Enter Manager Ide	1		
Declara	ation SA	ID Number								
I, tł	ne applica	sport Numb	(19)	ve par	ticula	ars are correct i	to the best of n	ny knowle	dge and	belief.* : 🗌
Required	Pr	ertified ID or oof of addres tter of Autho ealth Practice	ss(Busines rity (Power	s Address) r of attorne	iy)	who will be transacti m BHF	ling			
File Up	load									
Docu	iment Type Sei	lect				~		Browse	Upload	
0000	inent i jpe							bronben		
Upload	ed Files									
Dele	te Attachment									
	Document Type	e File Name	File Type	File Size	Link					
Submit	for Approval									
- and the last	opproved									

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

## 1.1.19. User Registration - Internet Explorer

1	Postal Code:						
	PO Box:				Р	O Box Post Cde:	^
	PO Box City:						
Mar	nager Name: Lunik	0			N	Ianager Position: HR Manager	
* Mana	ger ID Type: SA II	Number		~		* Manager ID: Enter Manager Ider	
Declar	ation					20)	
	ed Documents: Cer Pro		Passport ci ss(Busines:	opy of the s Address)	user wł	is are correct to the best of my knowledge and belief.* :  will be transacting	
File U	Hea	alth Practic				вня	Ŀ.
Doc	ument Type Sele	ct				V Browse Upload	
Uploa	ded Files						
· ·							
De	lete Attachment						
	Document Type	File Name	File Type	File Size	Link		
Submi	t for Approval						*

Step	Action
[20]	Enter 9001015353080 in the Manager ID field.

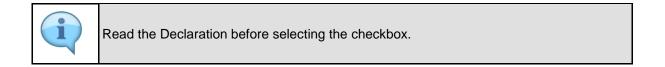






## 1.1.20. User Registration - Internet Explorer

Postal Code:										
PO Box:				P	O Box Post Cde	e:				
PO Box City:										
Manager Name: L	niko			M	anager Position	n: HR Manager				
lanager ID Type: S	ID Number		-		* Manager ID	D: 90010153530	080			
claration										
	Proof of addres	ss(Business	s Address)	)	o will be transa		t of my knowl	ledge and	belief.* : <mark>[</mark>	21
	Proof of addres etter of Autho lealth Practice	ss(Business rity (Power	s Address) of attorne	) ey)	o will be transa		-	Upload	belief.* :	~
e Upload Document Type	Proof of addres etter of Autho lealth Practice	ss(Business rity (Power	s Address) of attorne	) ey)	o will be transa		-		belief.* <mark>(</mark>	~
e Upload Document Type Ioaded Files Delete Attachmen	Proof of addres etter of Autho lealth Practice	ss(Business rity (Power a Registratio	s Address) of attorne on Certifica	) ey) :ate from	o will be transa		-		belief.* {	~
e Upload Document Type loaded Files Delete Attachmen Document Ty	Proof of address Letter of Autho Health Practice	ss(Business rity (Power a Registratio	s Address) of attorne on Certifica	) ey) :ate from	o will be transa		-		belief.* {	~
e Upload Document Type loaded Files Delete Attachmen Document Ty	Proof of address Letter of Autho Health Practice	ss(Business rity (Power a Registratio	s Address) of attorne on Certifica	) ey) :ate from	o will be transa		-		belief.* {	~
e Upload Document Type loaded Files Delete Attachmen Document Ty	Proof of address Letter of Autho Health Practice	ss(Business rity (Power a Registratio	s Address) of attorne on Certifica	) ey) :ate from	o will be transa		-		belief.* <mark>(</mark>	~
e Upload Document Type loaded Files Delete Attachmen Document Ty	Proof of address Letter of Autho Health Practice	ss(Business rity (Power a Registratio	s Address) of attorne on Certifica	) ey) :ate from	o will be transa		-		belief.* <mark>(</mark>	~



Step	Action
[21]	Click to select the <b>Declaration</b> Checkbox.

### 1.1.21. User Registration - Internet Explorer

F	ostal Code:						~
	PO Box:				Р	O Box Post Cde:	<u></u>
F	O Box City:						
Man	ager Name: Lun	iko			M	anager Position: HR Manager	
• Mana;	ger ID Type: SA	D Number		~		* Manager ID: 9001015353080	
Declar	ation						
	d Documents: Ce	rtified ID or	Passport c	opy of the	user wh	s are correct to the best of my knowledge and belief.* : 🔄 o will be transacting	
		oof of addre tter of Autho					
		alth Practic	e Registrati	ion Certific	ate from	BHF	ь.
File Up	load						
	ument Type <i>Se</i>	lect				Browse Upload	L
Doc		lect				Browse Upload	l
Doc	ument Type Se	lect					l
Doc	ument Type <i>Se</i> ded Files		File Type	File Size	Link		l
Doct Upload	ument Type Se ded Files ete Attachment		File Type	File Size	Link		
Doct	ument Type Se ded Files ete Attachment		File Type	File Size	Link		
Doct	ument Type Se ded Files ete Attachment		File Type	File Size	Link		
Doct	ument Type Se ded Files ete Attachment		File Type	File Size	Link		
Doct	ument Type Se ded Files ete Attachment		File Type	File Size	Link		
Doct	ument Type Se ded Files ete Attachment		File Type	File Size	Link		









Please ensure that all the required documents are attached before submitting.

The Letter of Authority (Power of attorney) is only required if the applicant is not the owner of the HCP.

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

### 1.1.22. User Registration - Internet Explorer

Postal Code: PO Box:		PO Box Post Cde:				
PO Box City:		TO BOAT GAL COLE.				
Manager Name:	uniko	Manager Position: HR Mana	der			
Manager ID Type:		* Manager ID: 90010153				
eclaration		5				
I, the applica	nt declare that the above part	culars are correct to the b	est of my knowledge	and belief.* : 🗹		
quired Documents	Certified ID or Passport copy of the u	ser who will be transacting				
	Proof of address(Business Address)					
	Letter of Authority (Power of attorney					
le l Inload	Letter of Authority (Power of attorney					
ile Upload	Letter of Authority (Power of attorney					
	Letter of Authority (Power of attorney Health Practice Registration Certificat		Browse Up	oad		
ile Upload Document Type	Letter of Authority (Power of attorney Health Practice Registration Certificat	e from BHF	Browse Up	oad		
Document Type	Letter of Authority (Power of attorney Health Practice Registration Certifical User SA ID / Passport	e from BHF	Browse Up	bad		
Document Type	Letter of Authority (Power of attorney Health Practice Registration Certifical User SA ID / Passport Proof of Business Address	e from BHF	Browse Up	bad		
Document Type	Letter of Authority (Power of attorney Health Practice Registration Certifical User SA ID / Passport Proof of Business Address	e from BHF	Browse Up	pad		
Document Type	Letter of Authority (Power of attorney Health Practice Registration Certificat User SA ID / Passport Proof of Business Address Power of Attorney Letter	e from BHF	Browse Up	bad		
Document Type	Letter of Authority (Power of attorney Health Practice Registration Certifical User SA ID / Passport Proof of Business Address	e from BHF	Browse Up	oad		
Document Type ploaded Files Delete Attachme	Letter of Authority (Power of attorney Health Practice Registration Certificat User SA ID / Passport Proof of Business Address Power of Attorney Letter		Browse Up	oad		
Document Type ploaded Files Delete Attachme Document	Letter of Authority (Power of attorney Health Practice Registration Certificat User SA ID / Passport Proof of Business Address Power of Attorney Letter Persal Employee Report		Browse Up	oad		
Document Type ploaded Files Delete Attachme Document T	Letter of Authority (Power of attorney Health Practice Registration Certifical User SA ID / Passport Proof of Business Address Power of Attorney Letter Persal Employee Report Health Prac Reg Certificate from BHF		Browse Up	aad		
Document Type ploaded Files Delete Attachme Document 1	Letter of Authority (Power of attorney Health Practice Registration Certifical User SA ID / Passport 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	e from BHF	Browse Up	bad		
Document Type ploaded Files Delete Attachme Document T	Letter of Authority (Power of attorney Health Practice Registration Certifical User SA ID / Passport Proof of Business Address Power of Attorney Letter Persal Employee Report Health Prac Reg Certificate from BHF HR/Employer Confirmation	e from BHF	Browse Up	oad		

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







#### 1.1.23. User Registration - Internet Explorer

Postal Code:							
PO Box:		F	O Box Post Cde:				
PO Box City:							
Manager Name: Lu	niko	N	Ianager Position: HR MAN	AGER			
* Manager ID Type: SA	ID Number V		* Manager ID: 9001015	353080			
Declaration							
I, the applicant	declare that the above	ve particula	rs are correct to the b	est of my knowledge	and belief.* : 🗹		
Required Documents: C	Certified ID or Passport copy	v of the user wi	no will be transacting				
F	Proof of address(Business A		io witt be transacting				
	etter of Authority (Power of	f attorney)	n BHF				
ŀ		f attorney)	n BHF				
File Upload	etter of Authority (Power of lealth Practice Registration	f attorney)					
ŀ	etter of Authority (Power of lealth Practice Registration	f attorney)	n BHF	Browse Upl	oad		
File Upload	etter of Authority (Power of lealth Practice Registration	f attorney)		Browse Upl	pad		
File Upload	etter of Authority (Power of lealth Practice Registration	f attorney)		Browse Upl	bad		
File Upload Document Type Uploaded Files Delete Attachment	etter of Authority (Power of lealth Practice Registration	f attorney) Certificate from		Browse Up)	oad		
File Upload Document Type[U Uploaded Files Delete Attachment Document Typ	etter of Authority (Power of tealth Practice Registration ser SA ID / Passport	f attorney) Certificate from		Browse Up)	pad		
File Upload Document Type[U Uploaded Files Delete Attachment Document Type[U 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	etter of Authority (Power of tealth Practice Registration ser SA ID / Passport	f attorney) Certificate from		Browse Upl	aad		
File Upload Document Type[ Uploaded Files Delete Attachment Document Tyg O	etter of Authority (Power of tealth Practice Registration ser SA ID / Passport	f attorney) Certificate from		Browse Upl	oad		
File Upload Document Type[U Uploaded Files Delete Attachment Document Type[U 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	etter of Authority (Power of tealth Practice Registration ser SA ID / Passport	f attorney) Certificate from		Browse Upl	oad		

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

→ ↑ ↑ → This PC → De	esktop >				v ©	Search Desktop		
rganise 👻 New folder						8=	•	
Quick access	↑ Name	Date modified	Туре	Size				
Desktop	Certified ID.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
dump_page	Company Reg .pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
dump_page	Health Practice Registration Certificat		Adobe Acrobat D	181 KB				
dump_page	ID Document of Directors.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
	Letter of Auth .pdf Personnel Number of the user.pdf	2019/10/14 10:28 2019/10/14 10:28	Adobe Acrobat D Adobe Acrobat D	181 KB 181 KB				
OneDrive	Personnel Number of the user.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
This PC	E Hoor of Addresspar	2013/10/14 10:20	Adobe Actobat bill	101110				
🧊 3D Objects								
E Desktop								
Documents								
🕹 Downloads								
👌 Music								
E Pictures								
🚟 Videos								
🏪 Local Disk (C:)								
👝 VC GR1 2019 (G:)								
VC GR1 2019 (G:)								
02 September 2019								
21 August 2019								
EXTERNAL COURSE	~							
File name:						All Files (*.*)		







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

## 1.1.25. 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 parti Required Documents: Certified ID or Passport copy of the ur Proof of address(Business Address) Letter of Authority (Power of attorney Health Practice Registration Certificat File Upload Document Type User SA ID / Passport Uploaded Files Delete Attachment	-	
Document Type File Name File Type File Size L	.nk	
Submit for Approval		~

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

### 1.1.26. User Registration - Internet Explorer

I	Postal Code:					
	PO Box:	PO Box Post	Cde:		,	1
	PO Box City:					
Mar	nager Name: Luni	o Manager Posi	tion: HR MANAGE	R		
* Mana	ger ID Type: SA II	D Number v * Manage	r ID: 90010153530	080		
Declar	ration					
		eclare that the above particulars are corr		of my k	nowledge and belief.* : 🗹	
Require	Pro	tified ID or Passport copy of the user who will be tra of of address(Business Address) ter of Authority (Power of attorney)	nsacting			
	Hea	alth Practice Registration Certificate from BHF				L
File U	pload					
Doc	ument Type Use	r SA ID / Passport 🗸		Br	rowse Upload	
		7	-		(Announced)	
Uploa	ded Files	(	27)			
De	lete Attachment					
	Document Type	File Name	File Type	File Size	Link	
۲	ZBPUSER06	C:\Users\User\Desktop\CF Documents\Certified ID.	odf application/pdf	185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174616C6F	
						L
	k fan Annen 1					,







i	The uploaded document details are displayed.

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

## 1.1.27. User Registration - Internet Explorer

PO Box: PO Box City: Manager Name: Luniko Manager ID Type: SA ID Number ecclaration I, the applicant declare that the abc equired Documents: Certified ID or Passport cop Proof of address(Business, Letter of Authority (Power Health Practice Registration ite Upload	Manage Manage Model of the user who will Address) f attorney)	Manager ID Te correct	HR MANAGER	080	nowledge and belief.*: ☑
Manager Name: Luniko anager ID Type: SA ID Number claration I, the applicant declare that the abc proof address(Business Luter of Authonity (Power Health Practice Registration	* M we particulars are y of the user who will hddress) f attorney)	Manager ID Te correct	: 90010153530 t to the best	080	nowledge and belief.* : ⊡
anager ID Type: SA ID Number claration I, the applicant declare that the abc huired Documents: Certified ID or Passport cop Proof of address(Business) Letter of Authority (Power Health Practice Registration	* M we particulars are y of the user who will hddress) f attorney)	Manager ID Te correct	: 90010153530 t to the best	080	nowledge and belief.* : ☑
I, the applicant declare that the abc proof dadress(Business) Letter of Authonity (Power Health Practice Registration	ve particulars are y of the user who will address) f attorney)	e correc	t to the best		nowledge and belief.*∶⊘
I, the applicant declare that the abc uired Documents: Certified ID or Passport cop Proof of address(Business Letter of Authority (Power Health Practice Registration	, y of the user who will Address) f attorney)	l be transa		of my ki	nowledge and belief.* : 🗹
uired Documents: Certified ID or Passport cop Proof of address(Business J Letter of Authority (Power Health Practice Registration	, y of the user who will Address) f attorney)	l be transa		of my ki	nowledge and belief.* : ☑
uired Documents: Certified ID or Passport cop Proof of address(Business J Letter of Authority (Power Health Practice Registration	, y of the user who will Address) f attorney)	l be transa		of my ki	nowledge and belief.* : M
Proof of address(Business Letter of Authority (Power of Health Practice Registration	Address) f attorney)		cting		
Proof of address(Business Letter of Authority (Power of Health Practice Registration	Address) f attorney)		cting		
Letter of Authority (Power of Health Practice Registration	f attorney)				
Health Practice Registration					
0	Certificate from BHF				
Upload		-			
Document Type User SA ID / Passport		$\sim$		Br	owse Upload
User SA ID / Passport					
loaded Files Proof of Business Address					
Delete Attachme Power of Attorney Letter	~				
Document Persal Employee Report	28		r1. r	F1 0	
	( BUE		File Type	File Size	
ZBPUSER01 Health Prac Reg Certificate	Trom BHF	0.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174616C6
HR/Employer Confirmation					
Director(s) ID Document (at	least one)				
Company/Organisation Reg	stration(CIPC)				
Company/Organisation Reg	stration(CIPC)				

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







## 1.1.28. User Registration - Internet Explorer

	D Box City:	0	Manage	er Position:	HR MANAGER	2	
	er ID Type: SA II				90010153530		
larat	tion						
uired	Pro	tified ID or Passport cop of of address(Business / ter of Authority (Power of	Address)	be transac	ting		
ocur	.oad	Ith Practice Registration	Certificate from BHF	~		Bre	owe upload
ocur	nent Type Pro	alth Practice Registration	n Certificate from BHF			Bro	
ocur oade Delet	He oad ment Type Pro ed Files	of of Business Address	Certificate from BHF	~	File Type	Bre File Size	20
ocur Dade	He oad ment Type Prov ed Files te Attachment	of of Business Address			21	File Size	20
ocur oade Delet	Her oad ment Type Pro- ed Files te Attachment Document Type	of of Business Address			21	File Size	Link
ocur oade Delet	Her oad ment Type Pro- ed Files te Attachment Document Type	of of Business Address			21	File Size	Link
ocur oade Delet	Her oad ment Type Pro- ed Files te Attachment Document Type	of of Business Address			21	File Size	Link

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

## 1.1.29. Choose File to Upload

→ ↑ ↑ → This PC → Desktop	٠ ×				5 V	Search Desktop	P
rganise 👻 New folder							?
A Quick access	Name	Date modified	Туре	Size			
Desktop	Certified ID.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB			
	Company Reg .pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB			
dump_page	Health Practice Registration Certificate fr	2019/10/14 10:28	Adobe Acrobat D	181 KB			
dump_page	ID Document of Directors.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB			
dump_page	🙈 Letter of Auth .pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB			
OneDrive	Personnel Number of the user.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB			
	Proof of Address.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB			
This PC		$\overline{}$					
3D Objects		30					
Desktop							
Documents							
🕹 Downloads							
Music							
E Pictures							
Videos							
Local Disk (C:)							
VC GR1 2019 (G:)							
VC GR1 2019 (G:)							
02 September 2019							
21 August 2019							
EXTERNAL COURSE							_
File name:						All Files (*.*)	~

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







## 1.1.30. User Registration - Internet Explorer

PO	Box:			PO Box Post Cd	9:		
PO Box	City:						
Manager Na	ame: Luniko			Manager Positio	HR MANAGER	२	
anager ID T	ype: SA ID	Number	~	* Manager II	90010153530	80	
laration							
		of address(Busine	ess Address)	ho will be transa	icung		
Upload locument oaded Fil	Lette Healt	of address(Busine of Authority (Pow	ess Address) eer of attorney) ation Certificate fro	m BHF	sers\User\Deskto	p/CF [] Bro	wse Upload
ocument	Lette Healt Type Proof es	of address(Busine r of Authority (Pow h Practice Registra	ess Address) eer of attorney) ation Certificate fro	m BHF		p)CF [ Bre	
oaded Fil	Lette Healt Type Proof es	of address(Busine r of Authority (Pow h Practice Registra of Business Addre	ess Address) eer of attorney) ation Certificate fro	m BHF		p\CF [] Bro	
oaded Fil Delete Atta	Lette Healt Type Proof es achment ment Type F	of address(Busine of Authority (Pow h Practice Registra of Business Addre	ess Address) er of attorney) tition Certificate fro ss	m BHF	sers\User\Deskto	File Size	
oaded Fil Delete Atta	Lette Healt Type Proof es achment ment Type F	of address(Busine of Authority (Pow h Practice Registra of Business Addre	ess Address) er of attorney) tition Certificate fro ss	m BHF	sers\User\Deskto	File Size	3) Link
oaded Fil Delete Atta Docu O ZBPU	Lette Healt Type Proof es achment ment Type F	of address(Busine of Authority (Pow h Practice Registra of Business Addre	ess Address) er of attorney) tition Certificate fro ss	m BHF	sers\User\Deskto	File Size	3) Link
oaded Fil Delete Atta	Lette Healt Type Proof es achment ment Type F	of address(Busine of Authority (Pow h Practice Registra of Business Addre	ess Address) er of attorney) tition Certificate fro ss	m BHF	sers\User\Deskto	File Size	3) Link

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

## 1.1.31. User Registration - Internet Explorer

PO Box:		PO Box Post Cde:			
PO Box City:					
Manager Name: Luni	iko	Manager Position: H	R MANAGER		
lanager ID Type: SA I	D Number 🗸 🗸	* Manager ID: 90	001015353080		
claration					
Pro	rtified ID or Passport copy of the us oof of address(Business Address) tter of Authority (Power of attorney)	-	3		
He Upload Document Type Pro	of of Business Address			Browse.	[Upload]
He e Upload Document Type Pro	alth Practice Registration Certificat			Browse.	[upload]
He e Upload Document Type Pro	alth Practice Registration Certificat		File Type	Browse.	
He e Upload Document Type Pro ploaded Files Delete Attachment	alth Practice Registration Certificat	e from BHF 32	File Type application/pdf	File Size	
He e Upload Document Type Pro loaded Files Delete Attachment Document Type	alth Practice Registration Certificat of of Business Address File Name C:UsersiUseriDesktopiCF Docum	e from BHF	application/pdf	File Size 185029	Link
He e Upload Document Type Pro bloaded Files Delete Attachment Document Type © ZBPUSER06	alth Practice Registration Certificat of of Business Address File Name C:UsersiUseriDesktopiCF Docum	e from BHF	application/pdf	File Size 185029	Link 255044462D312E350D0A25B5B5B5600A312030206F626A0D0A3C3C2F547970652F4361744
He e Upload Document Type Pro bloaded Files Delete Attachment Document Type © ZBPUSER06	alth Practice Registration Certificat of of Business Address File Name C:UsersiUseriDesktopiCF Docum	e from BHF	application/pdf	File Size 185029	Link 255044462D312E350D0A25B5B5B5600A312030206F626A0D0A3C3C2F547970652F4361744
He e Upload Document Type Pro bloaded Files Delete Attachment Document Type © ZBPUSER06	alth Practice Registration Certificat of of Business Address File Name C:UsersiUseriDesktopiCF Docum	e from BHF	application/pdf	File Size 185029	Link 255044462D312E350D0A25B5B5B5600A312030206F626A0D0A3C3C2F547970652F4361744

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







## 1.1.32. User Registration - Internet Explorer

PO Box:						
		PO Box Post Cde:				
PO Box City:						
Manager Name:	Luniko	Manager Position: H	R MANAGER			
Manager ID Type:	SA ID Number 🗸 🗸	* Manager ID: 90	001015353080			
Declaration						
L the applic	ant declare that the above particul	ars are correct to	the best of m	w knowle	adge and helief *	
i, the applica	ant dectare that the above particul	and are confect to	the best of h	IY KIIOWA		
Required Document	s: Certified ID or Passport copy of the user	who will be transacting	ş			
	Proof of address(Business Address) Letter of Authority (Power of attorney)					
	Health Practice Registration Certificate fr	om BHF				
File Upload	-					
December 1	Des of of Dusingers Address				(Indeed)	
Document Type	Proof of Business Address	~		Browse	Upload	
	User SA ID / Passport	~		Browse	Upload	
	(	<b>~</b>		Browse	Upload	_
Uploaded Files	User SA ID / Passport	✓		Browse	Upload	_
Uploaded Files	User SA ID / Passport Proof of Business Address Power of Attorney Letter Persal Employee Report		File Type	Browse		
Uploaded Files Delete Attachmo	User SA ID / Passport Proof of Business Address Power of Attorney Letter	V D.pdf	File Type application/pdf	File Size		161
Uploaded Files Delete Attachme Document OZBPUSERC	User SA ID / Passport Proof of Business Address Power of Attorney Letter Persal Employee Report Health Prac Reg Certificate from BHF	D.pdf	application/pdf	File Size 185029	Link	
Uploaded Files Delete Attachme Document OZBPUSERC	User SA ID / Passport Proof of Business Address Power of Attorney Letter Persal Employee Report Health Prac Reg Certificate from BHF HR/Employer Confirmation	D.pdf	application/pdf	File Size 185029	Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174	
Uploaded Files Delete Attachme Document OZBPUSERC	User SA ID / Passport 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)	2.pdf ddress.pdl	application/pdf	File Size 185029	Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174	
Uploaded Files Delete Attachme Document OZBPUSERC	User SA ID / Passport Proof of Business Address Power of Attorney Letter Persal Employee Report Health Prac Reg Certificate from BHF HR/Employer Confirmation	2.pdf ddress.pdl	application/pdf	File Size 185029	Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174	

Step	С	Action
[33]	]	Double click on the <b>Power of Attorney Letter</b> Power of Attorney Letter option to select it.

### 1.1.33. User Registration - Internet Explorer

	ostal Code:					
	PO Box:		PO Box Post Cde:			
P	D Box City:					
Mana	iger Name: Lur	iko	Manager Position: Hf	R MANAGER		
Manag	er ID Type: SA	ID Number 🗸 🗸	* Manager ID: 90	001015353080		
eclara	tion					
equired	P	ertified ID or Passport copy roof of address(Business Ad etter of Authority (Power of a ealth Practice Registration C	ttorney)	ž		
Docu	ment Type Po	wer of Attorney Letter			Browse.	Upload
pload	ment Type Po	wer of Attorney Letter			Browse.	. Jupload
Docu pload	ment Type Po ed Files te Attachment			File Tyme	<u> </u>	34)
Docu pload	ment Type Pc ed Files te Attachment Document Typ	e File Name	~	File Type	File Size	Junk
Docu pload Dele	ment Type Po ed Files te Attachment	e File Name C:\Users\User\Desktop\Cf	> Documents/Certified ID.pdf	application/pdf	File Size 185029	34)
Docu pload Dele	ment Type Pc ed Files te Attachment Document Typ ZBPUSER06	e File Name C:\Users\User\Desktop\Cf	> Documents/Certified ID.pdf	application/pdf	File Size 185029	33) Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F4361744
Docu Ipload	ment Type Pc ed Files te Attachment Document Typ ZBPUSER06	e File Name C:\Users\User\Desktop\Cf	> Documents/Certified ID.pdf	application/pdf	File Size 185029	33) Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F4361744
Docu pload	ment Type Pc ed Files te Attachment Document Typ ZBPUSER06	e File Name C:\Users\User\Desktop\Cf	> Documents/Certified ID.pdf	application/pdf	File Size 185029	33) Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F4361744

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







# 1.1.34. Choose File to Upload

ightarrow 📩 $ ightarrow$ This PC $ ightarrow$ D	esktop >				~ ©	Search Desktop		P
ganise 👻 New folder							•	?
Quick access	▲ Name	Date modified	Туре	Size				
Desktop	Certified ID.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
	Company Reg.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
dump_page	Health Practice Registration Certificate fr	2019/10/14 10:28	Adobe Acrobat D	181 KB				
dump_page	N ID Document of Directors.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
dump_page	Letter of Auth .pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
OneDrive	Personnel Number of the user.pdf	2019/18/14 10:28	Adobe Acrobat D	181 KB				
	Proof of Address.pdf	2019/10(35)28	Adobe Acrobat D	181 KB				
This PC		_						
3D Objects								
E Desktop								
Documents								
🕹 Downloads								
h Music								
Pictures								
📱 Videos								
Local Disk (C:)								
VC GR1 2019 (G:)								
- ve dit 2019 (d.)								
VC GR1 2019 (G:)								
02 September 2019								
21 August 2019								
EXTERNAL COURSE	v							
File name:					~	All Files (*.*)		~

Step	Action
[35]	Double click on the Letter of Auth.pdf 🔒 Letter of Auth .pdf file to select it.

## 1.1.35. User Registration - Internet Explorer

PO Box:						
10 00/11		PO Box Post Cde:				
PO Box City:						
Manager Name:	Luniko	Manager Position: HR	MANAGER			
* Manager ID Type:	SA ID Number 🗸 🗸	* Manager ID: 90	01015353080			
Declaration						
File Upload	s: Certified ID or Passport copy of the Proof of address(Business Address) Letter of Authority (Power of attorn Health Practice Registration Certific Power of Attorney Letter	ate from BHF	Jser\Desktop\CF	Browse.	Upload	l
Uploaded Files					36	l
Delete Attachme						
Delete Attachme	Type File Name		File Type	File Size	Link	
Delete Attachme Document	Type File Name 6 C:\Users\User\Desktop\CF Doct		application/pdf	185029	Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174	_
Delete Attachme	Type File Name 6 C:\Users\User\Desktop\CF Doct		application/pdf	185029	Link	
Delete Attachme Document	Type File Name 6 C:\Users\User\Desktop\CF Doct		application/pdf	185029	Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174	_
Delete Attachme Document	Type File Name 6 C:\Users\User\Desktop\CF Doct		application/pdf	185029	Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174	_
Delete Attachme Document	Type File Name 6 C:\Users\User\Desktop\CF Doct		application/pdf	185029	Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174	_
Delete Attachme Document	Type File Name 6 C:\Users\User\Desktop\CF Doct		application/pdf	185029	Link 255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F436174	_

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







### 1.1.36. User Registration - Internet Explorer

	ostal Code:					
	PO Box:		PO Box Post Cde:			
Р	O Box City:					
	ager Name: L	uniko	Manager Position: HF	RMANAGER		
Manag	ger ID Type: S	A ID Number 🗸	* Manager ID: 90	01015353080		
Declara	ation					
	d Documents:	t declare that the above partie Certified ID or Passport copy of the us Proof of address(Business Address) Letter of Authority (Power of attorney)	er who will be transacting		y KIIOWI	leoge and newar
	load	Health Practice Registration Certificat	e from BHF		Browse.	[Upload]
Docu Jpload	uload ument Type F	Health Practice Registration Certificate			Browse.	[Upload]
Docu Jpload	uload ument Type F ded Files	Health Practice Registration Certificate		File Type	Browse. File Size	
Docu Jpload	uload ument Type F ded Files ete Attachment	Health Practice Registration Certificate	37	File Type application/pdf	File Size	
Docu Jpload	unent Type F ded Files ete Attachment Document Ty	Health Practice Registration Certificat ower of Attorney Letter File Name C:User/Desktop\CF Docum	37	application/pdf	File Size 185029	Link 255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970662F4361746
Docu Jpload	unent Type F ded Files ete Attachment Document Ty ZBPUSER06	Health Practice Registration Certificat ower of Attorney Letter File Name C:User/Desktop\CF Docum	37	application/pdf application/pdf	File Size 185029 185029	Link
Docu Jpload	lload ument Type F ded Files ete Attachment Document Ty ZBPUSER06 ZBPUSER01	Health Practice Registration Certificate over of Attorney Letter  File Name C:\User\Desktop\CF Docum C:\User\Desktop\CF Docum C:\User\Desktop\CF Docum	37	application/pdf application/pdf	File Size 185029 185029	Link 255044462D312E350D0A25858685850D0A312030206F626A0D0A3C36C2F6479706652F4361746 255044462D312E350D0A25858686850D0A312030206F626A0D0A3C3C2F647970662F4361746
Docu Jpload	lload ument Type F ded Files ete Attachment Document Ty ZBPUSER06 ZBPUSER01	Health Practice Registration Certificate over of Attorney Letter  File Name C:\User\Desktop\CF Docum C:\User\Desktop\CF Docum C:\User\Desktop\CF Docum	37	application/pdf application/pdf	File Size 185029 185029	Link 255044462D312E350D0A25858685850D0A312030206F626A0D0A3C36C2F6479706652F4361746 255044462D312E350D0A25858686850D0A312030206F626A0D0A3C3C2F647970662F4361746

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

### 1.1.37. User Registration - Internet Explorer

Postal Cod	e:				
PO Bo	x:	PO Box Post Cde:			,
PO Box Cit	y:				
Manager Nam	e: Luniko	Manager Position: HF	RMANAGER		
* Manager ID Typ	e: SA ID Number 🗸 🗸	* Manager ID: 90	01015353080		
Declaration					
L the appl	cant declare that the above particu	lars are correct to	the best of m	v knowl	adde and belief :
i, the appr	cant declare that the above particu	itals are conect to	the best of m	y KIIOWO	
Required Docume	ents: Certified ID or Passport copy of the user	r who will be transacting			
	Proof of address(Business Address) Letter of Authority (Power of attorney)				
	Health Practice Registration Certificate f	rom BHF			
File Upload					
Document Ty	pe Power of Attorney Letter	~		Browse.	. Upload
Uploaded Files	User SA ID / Passport				
optoaded Files	Proof of Business Address				
Delete Attach	me Power of Attorney Letter				
Docume	nt ] Persal Employee Report		File Type	File Size	Link
<ul> <li>ZBPUSE</li> </ul>	RC Health Prac Reg Certificate from BHF	.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F43617461
O ZBPUSE	R0: HR/Employer Confirmation	ddress.pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626A0D0A3C3C2F547970652F43617461
ZBPUSE		uth .pdf	application/pdf	185029	255044462D312E350D0A25B5B5B5B5D0DA312030206F626A0D0A3C3C2F547970652F43617461
	Company/Organisation Registration(CIP	C)			

Step	Action
	Double click on the Heath Prac Reg Certificate from BHF Health Prac Reg Certificate from BHF option to select it.







### 1.1.38. User Registration - Internet Explorer

	PO Box:		PO Box Post Cde:			
P	O Box City:					
Mana	ager Name: Luni	ko	Manager Position:	IR MANAGER		
/anag	ger ID Type: SA I	D Number 🗸	* Manager ID: 9	001015353080		
eclara	ation					
	d Documents: Ce Pro	leclare that the above partic rtified ID or Passport copy of the use of of address(Business Address) ter of Authority (Power of attorney)			.,	
	He	Ith Practice Registration Certificate	from BHF		Browse	upload
Docu	He unent Type Hea ded Files	alth Practice Registration Certificate			Browse	
Docu	He Iload ument Type Hea	alth Practice Registration Certificate		File Type	Browse File Size	39 
Docu	He Noad Jument Type Hea Hed Files	alth Practice Registration Certificate	~	File Type application/pdf	File Size	39 
Docu Dload Dele	He aload ument Type Hea ded Files ete Attachment Document Type	alth Practice Registration Certificate Ith Prac Reg Certificate from BHF File Name	vits\Certified ID.pdf	application/pdf	File Size 185029	Link
Docu Dload Dele	He load ded Files ete Attachment Document Type ZBPUSER06	alth Practice Registration Certificate th Prac Reg Certificate from BHF File Name C:Users!User!Desktop\CF Docume	vits/Certified ID.pdf	application/pdf df application/pdf	File Size 185029 185029	39 Link 255044462D312E350D0A25858565600A312030206F626A0D0A3C3C2F547970662F4361746
Docu Docu Dele	He load ded Files ete Attachment Document Type ZBPUSER06 ZBPUSER01	Alth Practice Registration Certificate tht Prac Reg Certificate from BHF File Name C:Users!User!Desktop/CF Docume C:Users!User!Desktop/CF Docume	vits/Certified ID.pdf	application/pdf df application/pdf	File Size 185029 185029	39 Link 255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F4361746 255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F4361746
Docu pload Dele	He load ded Files ete Attachment Document Type ZBPUSER06 ZBPUSER01	Alth Practice Registration Certificate tht Prac Reg Certificate from BHF File Name C:Users!User!Desktop/CF Docume C:Users!User!Desktop/CF Docume	vits/Certified ID.pdf	application/pdf df application/pdf	File Size 185029 185029	39 Link 255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F4361746 255044462D312E350D0A25B5B5B5B5000A312030206F626A0D0A3C3C2F547970652F4361746

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

## 1.1.39. Choose File to Upload

							Dee	-	
ganise 🔻 New folder				<u>^</u>					(
Quick access	^	Name	Date modified	Туре	Size				
Desktop		Certified ID.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
		Company Reg .pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
dump_page		Health Practice Registration Certificate fr	2019/10/14 10:28	Adobe Acrobat D	181 KB				
dump_page		ID Document of Directors.pdf	2019/18/14 10:28	Adobe Acrobat D	181 KB				
dump_page		Letter of Auth .pdf	2019/10(40)28	Adobe Acrobat D	181 KB				
OneDrive		Personnel Number of the user.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
		Proof of Address.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB				
This PC									
3D Objects									
Desktop									
Documents									
👆 Downloads									
👌 Music									
Pictures									
🖉 Videos									
Local Disk (C:)									
VC GR1 2019 (G:)									
VC GR1 2019 (G:)									
02 September 2019									
21 August 2019									
EXTERNAL COURSE	~								

Step	Action
	Double click on the <b>Health Practice Registration Certificate from</b> BHF.pdf Arealth Practice Registration Certificate fr file to select it.







# 1.1.40. User Registration - Internet Explorer

	PO Box:		PO Box Post Cde:			
Р	O Box City:					
Mana	ager Name: Lun	iko	Manager Position: H	R MANAGER		
Manag	er ID Type: SA	ID Number 🗸 🗸	* Manager ID: 9	001015353080		
eclara	ation					
equireo	Pr	ertified ID or Passport copy of the us oof of address(Business Address) tter of Authority (Power of attorney)		ŝ		
	Heload	walth Practice Registration Certificate	e from BHF	User\Desktop\CF	Browse.	Upload
Docu pload	He load Iment Type He	ealth Practice Registration Certificate	e from BHF	User\Desktop\CF	Browse.	Upload
Docu pload	He Ioad Iment Type He Ied Files	valth Practice Registration Certificate	e from BHF		Browse. File Size	
Docu pload	He load Iment Type He led Files Ite Attachment	valth Practice Registration Certificate	e from BHF		File Size	
Docu pload Dele	He load iment Type He ed Files ete Attachment Document Type	alth Practice Registration Certificate alth Prac Reg Certificate from BHF	e from BHF <ul> <li><u>C:\Users\</u></li> <li>rents\Certified ID.pdf</li> </ul>	File Type application/pdf	File Size 185029	Link
Docu pload Dele	He load ament Type He ed Files te Attachment Document Type ZBPUSER06	alth Practice Registration Certificate ath Prac Reg Certificate from BHF price Name C:Users/User/Desktop/CF Docum	e from BHF <u>C:\Users</u> <u>c:\Users</u> ents\Certified ID.pdf ents\Proof of Address.pd	File Type application/pdf f application/pdf	File Size 185029 185029	41 Link 255044462D312E350D0A25B5B5B560D0A312030206F626A0D0A3C3C2F647970652F4361746
Docu pload	He load ament Type He ded Files te Attachment Document Type ZBPUSER06 ZBPUSER01	with Practice Registration Certificate ath Prac Reg Certificate from BHF price Reg Certificate from BHF c:Users/User/Desktop/CF Docum C:Users/User/Desktop/C	e from BHF <u>C:\Users</u> <u>c:\Users</u> ents\Certified ID.pdf ents\Proof of Address.pd	File Type application/pdf f application/pdf	File Size 185029 185029	Link           255044462D312E350D0A25858585650D0A312030206F626A0D0A3C3C2F547970652F4361746
Docu pload Dele	He load ament Type He ded Files te Attachment Document Type ZBPUSER06 ZBPUSER01	with Practice Registration Certificate ath Prac Reg Certificate from BHF price Reg Certificate from BHF c:Users/User/Desktop/CF Docum C:Users/User/Desktop/C	e from BHF <u>C:\Users</u> <u>c:\Users</u> ents\Certified ID.pdf ents\Proof of Address.pd	File Type application/pdf f application/pdf	File Size 185029 185029	Link           255044462D312E350D0A25858585650D0A312030206F626A0D0A3C3C2F547970652F4361746

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

## 1.1.41. User Registration - Internet Explorer

	ostal Code:						
	PO Box:		PO Box Post Cde:				
P	O Box City:						
Man	ager Name: Luni	(O	Manager Position: HR MANAGER				
Мапа	er ID Type: SA II	D Number 🗸 🗸	* Manager ID: 9001015353080				
eclar	ation						
	d Documents: Cer Pro Let	tified ID or Passport copy of the use of of address(Business Address) ter of Authority (Power of attorney) lth Practice Registration Certificate	-	e and belief."			
Doci	load	Ith Prac Reg Certificate from BHF	V Browse [U	pload			
Docu pload	load Iment Type Hea	-		oload			
Docu pload	load Iment Type Hea Ied Files	th Prac Reg Certificate from BHF		File Type	File Size	Link	
Docu pload	load ument Type Hea led Files ate Attachment	th Prac Reg Certificate from BHF	∽ Browse [			Link 255044462D312E350D0A2585858585000A312030206F626	DD0
Del	load Iment Type Hea led Files ete Attachment Document Type	th Prac Reg Certificate from BHF	→ Browse [U Ints\Certified ID.pdf	File Type	185029		
Docu pload	load Iment Type Hea led Files ete Attachment Document Type ZBPUSER06	th Prac Reg Certificate from BHF File Name C:\Users\User\Desktop\CF Docume	Browse [U ents/Certified ID.pdf ents/Proof of Address.pdf	File Type application/pdf	185029 185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626	0D0
Docu pload	load Iment Type Hea led Files ate Attachment Document Type ZBPUSER06 ZBPUSER01	th Prac Reg Certificate from BHF File Name C:Users/User/Desktop/CF Docum C:Users/User/Desktop/CF Docum C:Users/User/Desktop/CF Docum	Browse [U     Inth/Certified ID.pdf     Inth/Proof of Address.pdf     Inth/Proof of Address.pdf	File Type application/pdf application/pdf application/pdf	185029 185029 185029	255044462D312E350D0A25B5B5B5B50D0A312030206F626, 255044462D312E350D0A25B5B5B5B5D0DA312030206F626,	0D0 0D0
Docu pload	load Iment Type Hea led Files ate Attachment Document Type ZBPUSER06 ZBPUSER01 ZBPUSER05	th Prac Reg Certificate from BHF File Name C:Users/User/Desktop/CF Docum C:Users/User/Desktop/CF Docum C:Users/User/Desktop/CF Docum	Browse [U     Inth/Certified ID.pdf     Inth/Proof of Address.pdf     Inth/Proof of Address.pdf	File Type application/pdf application/pdf application/pdf	185029 185029 185029	255044462D312E350D0A25858585850D0A312030206F626 255044462D312E350D0A25858585850D0A312030206F626 255044462D312E350D0A25858585850D0A312030206F626	0D0

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







#### 1.1.42. User Registration - Internet Explorer

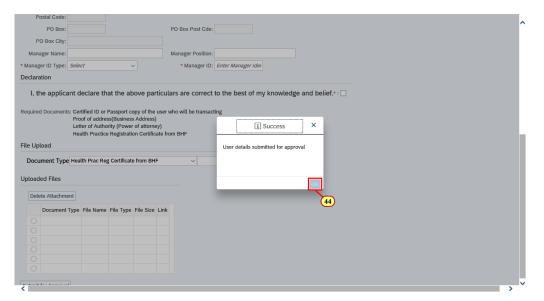
206F626A
206F626A
206F626A
0206F626A
0



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> Submit for Approval button to submit the User Registration request for approval.

#### 1.1.43. User Registration - Internet Explorer









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

#### 1.1.44. User Registration - Internet Explorer

P	ostal Code:						~
	PO Box:				F	PO Box Post Cde:	
Р	O Box City:						
Man	ager Name:				N	Aanager Position:	
* Manag	er ID Type: Sele	ct		~		* Manager ID: Enter Manager Ider	
Declara	ation						
Require File Up Docu	d Documents: Cer Pro Lett Hea load iment Type Heal	tified ID or of of addre er of Autho alth Practico	Passport ci ss(Busines: ority (Power e Registrati	opy of the s Address) r of attorne ion Certifica	user w y) ate fror	rs are correct to the best of my knowledge and betief.*:  ho will be transacting BF Browse Upload	
Upload	led Files						
Dele	ete Attachment						
	Document Type	File Name	File Type	File Size	Link		
Submit	for Approval						~



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



