

Multiply for Corporates rewards Spend request form

Please complete this form and send it to: multiplyforcorporates@momentum.co.za

Section 1: Corporate client information

Multiply for Corporates requires a 4-week lead time to evaluate requests.

A corporate client can redeem and spend their Multiply for Corporates Rewards on financial wellness initiatives. Rewards can be redeemed to fund initiatives designed to enhance the workplace safety and financial wellness of their business and their employees. The initiative or service must be for the benefit of all employees, either to enhance financial or physical wellness, or staff morale.

Momentum Corporate will not be able to refund the employer for expenses, and arrangements will need to be made to pay the vendor directly.

Please provide details and breakdown of proposed costs for the Spend option selected

Company name	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Contact person name	<input type="text"/>		
Designation	<input type="text"/>		
Contact email	<input type="text"/>		
Cell phone	<input type="text"/>		
Total employees	<input type="text"/>	Total spend amount required	R <input type="text"/>

Section 2: Staff incentives and rewards

Please provide details and breakdown of the proposed spend option selected.

Multiply partner vouchers	Denominations available												Number of vouchers
Chris Willemse Cycles	250	500	750	1 500	2 500	5 000							
Cycle Lab	250	500	750	1 000	1 500	2 000	2 500	5 000	10 000				
Hair Network	250	500	1 000	1 500	2 000	2 500							
Loot	200	250	500	1 000	5 000	10 000							
The Pro Shop	250	500	750	1 000	1 500	2 000	2 500	5 000	10 000				
Tiger Wheel and Tyre	500	1 000	2 000	5 000	10 000								

Multiply online store products		
Selected product description	Cost per unit	Quantity
	R	
	R	
	R	
	R	
	R	
	R	
Total	R	

Multiply online store credits

Employees must have registered profiles on multiply.co.za and previously accessed multiplyonlineshop.co.za.
Supporting documentation required: list of qualifying employees with names, identity number, cell phone, email and specified amount.

First name	Surname	Identity number	Multiply number	Cell phone	Value

Section 3: Momentum Wellness services

These services will require quotes from Momentum Wellness based on the scope of the work required.

Employee Assistance Programme (EAP)

Accepted quote attached

Yes

No

Wellness days

Glucose level screening	Referral to relevant health providers for follow up and support
Cholesterol level screening	Early enrolment into disease management programmes
Body mass index (weight & height)	One-on-one counselling sessions
Blood pressure testing	Lifestyle factors
Screening questionnaire	TB risk assessment

A "health passport" is issued to track measurements

Accepted quote attached

Yes

No

Occupational hygiene (health, safety and environmental services)

Occupational health risk assessments	Hazardous biological agents surveys
Lighting surveys	Hazardous chemical substances surveys
Noise surveys	Asbestos surveys
Ventilation/indoor air quality surveys	Radiation surveys
Heat and cold stress surveys	Dust fallout surveys
Vibration surveys	Environmental risk assessments
Ergonomics surveys	Laboratory analysis services.

Occupational health services

Onsite primary healthcare	Risk based medical surveillance
Proactive injury management	Disease management services

Executive wellness

General medical	RightEye
Functional wellness assessment	Functional muscle movement and muscle activation
Brain performance	Nutrition
Disease management services	

Accepted quote attached

Yes

No

- For occupational hygiene services contact: occupationalhygiene@momentum.co.za.
- For workplace health and wellness solutions wellnessquotes@momentum.co.za.

Section 4: Medical screening

We require a copy of your accepted quote or invoice

Individual health risk assessments

☐

HIV screenings

☐

Flu vaccinations

☐

Part of wellness days

Yes

No

Total employees

Proposed date

-

-

Accepted quote attached

Yes

No

Section 5: Covid-19 expenses

Details	Amount

Section 6: CSI donation

Details	Amount
Momentum Metropolitan Foundation	

Section 7: Other

Details	Amount

Section 8: Authorised signature

Name of authorised signatory

Designation

Authorised signature

Date

D

D

-

M

M

-

Y

Y

Y

Y

When you want to print the form to complete by hand you can turn off the field highlights by selecting the “highlight existing fields” on the top right hand corner of your screen.