

## Sanlam Gap Cover Broker Appointment Form

### Important Note

Please send the completed form to [sanlamapps@kaelo.co.za](mailto:sanlamapps@kaelo.co.za)

### A. Main Member Details

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID Number/Passport:                    Policy Number: \_\_\_\_\_

### B. Employer Details

Employer Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number:

Contact Email Address: \_\_\_\_\_

### C. Appointed Health Care Consultant

Name of Broker House: \_\_\_\_\_

Name of Advising Broker: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number:                  Mobile Number:

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

### D. Declaration

We, (Employer Group) \_\_\_\_\_ currently make use of the products and services affiliated with Kaelo Risk. We understand that (Broker) \_\_\_\_\_ will be remunerated for their services as well as the Kaelo Risk commission structure and the terms and conditions thereof as published by Kaelo Risk from time to time. This remuneration is payable by Kaelo Risk. All agreements with the previous medical scheme consultants and/or broker has been terminated and the necessary notice periods have been served.

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

### POPIA Consent

I consent to Centriq, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract.

For further information please read our Privacy Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

**This is not a Medical Scheme and the cover is not the same as that of a Medical Scheme.  
This Policy is not a substitute for Medical Scheme membership.**