

Sanlam Gap Cover Broker Appointment Form

Important Note

Please send the completed form to sanlamapps@kaelo.co.za

A. Main Policyholder 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

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.

Kaelo Risk (Pty) Ltd is an authorised financial services provider (FSP 36931).
 Kaelo Risk (Pty) Ltd holds preference shares in Centriq Insurance Company Limited.
 Insurance Products are insured by Centriq Insurance Company Limited ("Centriq")
 a licensed non-life insurer and authorised Financial Services Provider (FSP 3417).

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