



Sanlam Gap Cover Broker Appointment Form

Important Note Please send the completed form to 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:

		N/I		V
Date:	Ч	IVI		

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 <u>www.centrig.co.za</u>

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 36391) Insurance Products are underwritten by Centriq Insurance Company Limited ("Centriq") a licensed non-life insurer and authorized Financial Services Provider (FSP 3417)