



## 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: Mobile Number:
Affective Date: DD MM YYYYY 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: DD MM YYYY
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.centrig.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).