

Sanlam Gap Cover Sub-broker Form

A. Brokerage

Brokerage Name:

Financial Advisor Name:

Cellphone No.: Email Address:

FSP No.: Region:

Are you licensed to market short-term insurance personal lines products?

Yes No

Will any regional financial advisors be signing up?

Yes No

B. Financial Advisor Details

Financial Advisor Name:

Cellphone No.: Email Address:

Region:

Is the financial advisor licensed to market short-term insurance personal lines products?

Yes No

C. Additional Documents

Supporting documents

- ID document
- All FAIS accreditation such as RE certificates ect to be sent along with the letter.

We fully understand the implications of not complying with the FAIS Act, General Code of Conduct and other relevant subordinate legislation. We undertake to embed and evidence the TCF principles and outcomes to the extent that the outcomes apply and fall within our direct control.

Signature of KI

Date:

Signature of Brokerage Principal

This is merely an application. If your application is successful, an intermediary contract will be issued directly between yourselves and Centriq Insurance Company Limited. Should you apply to collect premium, a separate premium collection mandate will be issued upon approval.



POPIA Consent

Use of Personal Information Declaration

I consent to Centriq Insurance, 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

In the event that you qualify for the automated claims submission process, do you consent that we process your claim?

Yes No

May we contact you for marketing purposes, for example, when we run competitions or launch new products?

Yes No

How may we contact you?

Email SMS/WhatsApp Telephone only All methods

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.

AfroCentric Health ^(RF) (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).

This document may not, in whole or in part, be copied, photocopied, reproduced, translated, simplified, published or distributed in any way without the prior written consent of Centriq Insurance Company Limited.

T 0861 111 167
E Gapinfo@centriq.co.za