



## Sanlam Gap Cover Broker Appointment Form

Important Note Please send the completed form to SanlamGapInfo@sanlam.co.za	
A. Policyholder Details	
Name: Surname:	
ID Number: Policy Number:	
B. Employer Details	
Employer Name:	
Contact Person:	
Telephone Number:	
Contact Email Address:	
C. Appointed Intermediary	
Name of Broker House: Broker Code.:	
Name of Advising Broker:	
Email Address:	
Telephone Number: Cellphone No.:	
Affective Date: YYYY MM DD Signature:	
D. Declaration  Employer Group / Policyholder,	
currently make use of the products and services affiliated with Essential Medical. We / I understand that	
(Brokerage & Broker Name)	
Essential Medical commission structure and the terms and conditions thereof as published by Essential Medical from time to time.	
This remuneration is payable by Essential Medical. All agreements with the previous medical scheme consultants and/or broker has been terminated and the necessary notice periods have been served.	
Signature: Date: YYYYMM DD	



## **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

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.

Sanlam Gap is administered by Essential Medical (Pty) Ltd, an authorised financial services provider (FSP 42980). 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).

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SanlamGapInfo@sanlam.co.za

