

Broker Code:H69S



Sanlam Gap Cover Broker Appointment Form

Important Note Please send the completed form to billing@sanlamgap.com	
A. Policyholder Details	
*Name:	*Surname:
*ID Number:	*Policy Number:
Compulsory field	
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:
Compulsory field	
D. Declaration Employer Group / Policyholder, currently make use of the products and services affit (Brokerage & Broker Name)	iliated with Centriq. We / I understand that will be remunerated for their services as well as the Centriq
	erreof as published by Centriq from time to time. This remuneration is payable by eme consultants and/or broker has been terminated and the necessary notice
Signature:	Date: YYYY MM 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.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.

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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