



BROKER APPOINTMENT

- This form must be completed in full
- This form may only be signed by authorised members. In the case of individual members, only the principal member may act as the authorised person
- Compulsory employer groups: this form must be accompanied by a letter on the letterhead of the employer to confirm this broker appointment.
- Non-compulsory employer groups: Please attach a list with details to this form if there is not sufficient space provided at point 3.

1. DETAILS OF NEW BROKER

Name of Broker House	A o n S o u t h A f r i c a (P t y) L t d
Broker House Code	1 3 4 3
Name of Broker	A o n S o u t h A f r i c a (P t y) L t d
Broker Code	

2. DETAILS OF EMPLOYER (not for individual members)

Name of Employer	
Employer Group Code	
Name of Authorised Person	
Designation	

3. DETAILS OF MEMBER (only for individuals and non-compulsory employer groups)

Membership Number	Initials	Surname	Identity Number

4. AUTHORISATION

I, , am fully authorised to appoint the abovementioned broker to act on behalf of me/us in all my/our negotiations with TopMed. I am aware that the broker will have access to my/our membership information.

Signature	<input type="text"/>	Date	<input type="text" value="DD - MM - 20YY"/>
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RULES

1. With receipt of this appointment form, commission payment to the current broker will be suspended according to regulation 28(7) of the Act of Medical Schemes. This appointment will only come into effect 30 days after the current broker was notified of this appointment.
2. The broker appointment cannot be backdated.