



Adviser appointment

How to complete this form

1. Please complete all the required information in the spaces provided.
2. The principal member must sign this form.
3. Please email the completed and signed form to brokers@medihelp.co.za

A. Details of adviser

Name of brokerage	<input type="text"/>	Brokerage code	<input type="text" value="A"/>
Name and surname	<input type="text"/>		
Adviser code	<input type="text"/>	Adviser's contact number	<input type="text"/>
Adviser's email address	<input type="text"/>		

B. Details of member

Initials and surname	<input type="text"/>	Membership number	<input type="text"/>
ID number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Contact number	<input type="text"/>	Email address	<input type="text"/>
Physical address	<input type="text"/>		
	<input type="text"/>		

C. Declaration by member

1. I am duly authorised to appoint the adviser named in Section A of this form, to act as agent on my behalf in all my dealings with Medihelp Medical Scheme.
2. I grant permission to Medihelp Medical Scheme to release all information pertaining to my medical scheme in respect of myself and my dependants, where applicable, to the appointed adviser.
3. I indemnify the above brokerage and Medihelp Medical Scheme against any claims or damages suffered as a result of disclosing the information.
4. I confirm that this appointment will be effective from the first day of the month following the month in which Medihelp Medical Scheme receives my request. I accept that the adviser's appointment cannot be backdated and will remain valid until it is cancelled in writing or telephonically by me or the adviser.

To accept this declaration, sign in the space provided below.

Signed in on

Signature of member _____

D. Declaration by adviser

1. I declare that the member has appointed me as his/her adviser and is entitled to cancel the appointment at any time.

To accept this declaration, sign in the space provided below.

Signed in on

Signature of adviser _____