



BROKER APPOINTMENT FORM FOR MEMBERS/EMPLOYERS

1. Amendments are subject to the rules of Medshield Medical Scheme and the Council for Medical Schemes.
2. **For employers, please attach an original letter on a company letterhead signed by the duly authorised person. i.e. Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or the Director of Human Resources.**
3. A transfer of a member's request by a broker must be on a company letterhead and signed by both parties who are the key individuals.
4. For members, please attach a copy of the identity document.
5. Please email or fax completed form to commissions@medshield.co.za or 010 597 4709.
6. This form is valid for three months from the date of signature.

SECTION A		NEW BROKER DETAILS	
Broker Name:		Broker Code:	
Email Address:		Contact Number:	
Region:			

SECTION B		TO BE COMPLETED BY THE PRINCIPAL MEMBER	
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Membership Number:																				
Member ID Number:																				
Member Name/s:																				
Member Surname:																				
Employee Number: (where applicable)																				
Contact Number:	C	O	D	E																
Email Address:																				
Physical Address:																				

Member's reason for change in broker: _____

SECTION C		EMPLOYER DETAILS (For employer appointments only)	
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Employer Name:																				
Employer Code:																				
Contact Person Name:																				
Contact Number:	C	O	D	E																

Employer's reason for change in broker: _____

SECTION D		AUTHORISATION	
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I hereby acknowledge the appointment of the above broker.

Name of Principal Member/Authorised Person: _____

Signature of Principal Member/Authorised person: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Name of Broker: _____

Signature of Broker: _____ Date:

D	D	M	M	Y	Y	Y	Y
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