

# Broker appointment form



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### Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • [www.lahealth.co.za](http://www.lahealth.co.za)

The purpose of this form is to change the appointed broker on record. Only the appointed broker will have access to your LA Health information.

### How to use this form

1. Please ensure that this form is completed in full.
2. Please complete the form in black ink, print clearly and write one letter per block.
3. If the spaces provided are not adequate, please attach a list with all relevant details.
4. Please email or fax completed form to the Scheme at [commissions@discovery.co.za](mailto:commissions@discovery.co.za) or 011 539 2550.

### 1. Member details

|                         |                      |                      |                      |                      |                      |                      |                      |                    |                      |                      |                      |                      |                            |                            |                      |                      |                      |                      |
|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------------|----------------------------|----------------------|----------------------|----------------------|----------------------|
| Title                   | <input type="text"/> | Initials             | <input type="text"/> | Surname              | <input type="text"/> |                      |                      |                    |                      |                      |                      |                      |                            |                            |                      |                      |                      |                      |
| First name (as per ID)  | <input type="text"/> |                      |                      |                      |                      |                      |                      |                    |                      |                      |                      |                      |                            |                            |                      |                      |                      |                      |
| Date of birth           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ID/passport 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"/> |
| Nationality of passport | <input type="text"/> |                      |                      |                      |                      |                      |                      |                    |                      |                      |                      | Sex                  | M <input type="checkbox"/> | F <input type="checkbox"/> |                      |                      |                      |                      |
| Membership number       | <input type="text"/> |                      |                      |                      |                      |                      |                      |                    |                      |                      |                      |                      |                            |                            |                      |                      |                      |                      |

### 2. New broker details

Please note: Only LA Health accredited brokers may be appointed.

|                       |                      |
|-----------------------|----------------------|
| Broker name           | <input type="text"/> |
| Broker code           | <input type="text"/> |
| Broker contact number | <input type="text"/> |
| Broker email address  | <input type="text"/> |
| Broker house name     | <input type="text"/> |
| Broker house code     | <input type="text"/> |

### 3. Authorisation

I, , LA Health membership number , hereby appoint the broker and broker house mentioned in paragraph 2, to act on my behalf in matters related to my membership of LA Health Medical Scheme

|                         |                      |      |                      |
|-------------------------|----------------------|------|----------------------|
| Main member's signature | <input type="text"/> | Date | <input type="text"/> |
|-------------------------|----------------------|------|----------------------|

### Broker Declaration

I, , have been appointed as the broker on record for  (Main member's initials and surname) membership number  from this day, the  of  20 .

I hereby declare that:

- I am an authorised financial services provider, registered under the Financial Advisory and Intermediary Services Act, 2002 (Act No37 of 2002);
- I am an accredited LA Health broker;
- I will adhere to the Code of Conduct for accredited LA Health brokers and
- I will adhere to the South African Local Government Bargaining Council Code of Conduct requirements, as it may apply during annual Window Periods.