| | Broker | ap | pointm | ent | form |
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Contact us

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • 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 us at commissions@discovery.co.za or 011 539 2550.

1. Member details

annual Window Periods.

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| Title In | nitials | | | | Surn | iame | <u>ا</u> د | | | | | | | | <u> </u> | | | | | | | | | | | | | | | | _ | |
| First name (as per ID) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | Y Y | Y Y | Μ | Μ | D | D | | | | | | | | | | ID/p | oass | por | t nı | umb | er | | | | | | | | | | | |
| Nationality of passport | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sex | \mathbb{N} | 1 F |
| Membership number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. New broker d | etails | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please note: Only LA He | ealth aco | credite | ed br | oke | rs m | ay b | e apj | poir | nted | I. | | | | | | | | | | | | | | | | | | | | | | |
| Broker name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker contact number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker email address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker house name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker house code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Authorisation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | ha | roh | | <u></u> | int | the | - hr | ok | ara | nd | bro | ako | r ho | | 0 m | on | Hor | hod | in | nar | aar | anh | . 2 | to a | oct o | n r | 201 |
| behalf in matters rela | ated to | | | | | | | | | | | | | | | bit | JKEI | i ne | Just | em | | lioi | ieu | | pai | agi | арп | · <i>z</i> , | 10 8 | | , | iiy |
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| LA Health member's | signatu | ire | | | | | | | | | | | | | | | | | | | | | | Da | te | Y | Y I | Y Y | N | I M | D | D |
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| Broker Declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l, | | | | | | | | | | | | | | | | | _ , ł | nav | e b | eer | пар | poi | inte | ed a | as t | he l | orol | ker | on | reco | rd | for |
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| membership number | r | | | | | | | | | | | fro | m t | his | da | y,t | :he | | | of_ | | | | | | | | | | | 20- | |
| I hereby declare that | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - I am an authorised (Act No37 of 2002) | | al ser | vice | s p | rovio | der, | regi | ster | red | un | der | th | e Fi | inai | ncia | al A | dvi | sory | y ar | nd I | nte | rm | edi | ary | Se | rvic | es / | Act, | , 20 | 02 | | |
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