

PROF MED

AUTHORISATION TO APPOINT INTERMEDIARY

SUBMIT TO:

DATE:

D	D	M	M	Y	Y	Y	Y
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EMAIL: commissions@profmed.co.za

1 MEMBER'S DETAILS

(ALL THESE FIELDS ARE COMPULSORY)

Title	<input type="text"/>	Full names	<input type="text"/>
Surname	<input type="text"/>	Profmed membership number	<input type="text"/>
ID/Passport no.	<input type="text"/>	Member occupation	<input type="text"/>
Residential address	<input type="text"/>	Postal address	<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"/>
Post code	<input type="text"/>	Post code	<input type="text"/>
Telephone: Work	<input type="text"/>	Cell	<input type="text"/>
Fax	<input type="text"/>		
Email address	<input type="text"/>		

2 SPOUSE/PARTNER'S DETAILS

(ALL THESE FIELDS ARE COMPULSORY)

Title	<input type="text"/>	First names	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport no.	<input type="text"/>	Relationship to member	<input type="text"/>
Telephone: Work	<input type="text"/>	Cell	<input type="text"/>
Fax	<input type="text"/>		
Email address	<input type="text"/>		

I understand and accept that by this appointment all previous intermediaries with whom the business indicated below was affected will no longer represent me.

I hereby request that the intermediary records be amended to reflect the below-mentioned intermediary in respect of my Profmed membership.

The intermediary may from time to time attend to general enquiries on my behalf, provided such information is treated with the strictest confidence. I understand that the intermediary hereby appointed will receive remuneration from Profmed as a result of this appointment.

I am aware of the benefit limits and exclusions applicable to the Profmed benefit option I have chosen based on the advice received from my intermediary.

Should any of the contact details on this form differ to the information that is currently on record, I hereby give consent for the information on record to be updated accordingly.

Yes ☐ No ☐

3 BENEFIT OPTION SELECTED

A) PLEASE SELECT ONE OF THE FOLLOWING BENEFIT OPTIONS BY TICKING THE APPROPRIATE BOX:

PROPINNACLE	<input type="checkbox"/>	PROSECURE PLUS	<input type="checkbox"/>	PROSECURE	<input type="checkbox"/>	PROACTIVE PLUS	<input type="checkbox"/>	PROSELECT	<input type="checkbox"/>
								(Network Option)	
PROPINNACLE SAVVY	<input type="checkbox"/>	PROSECURE PLUS SAVVY	<input type="checkbox"/>	PROSECURE SAVVY	<input type="checkbox"/>	PROACTIVE PLUS SAVVY	<input type="checkbox"/>	PROSELECT SAVVY	<input type="checkbox"/>
								(Network Option)	

4 INTERMEDIARY'S DETAILS

(ALL THESE FIELDS ARE COMPULSORY)

Broker name	<input type="text"/>	Broker code	<input type="text"/>
ID/Passport no.	<input type="text"/>	Effective date of appointment	<input type="text"/>
Telephone: Work	<input type="text"/>	Cell	<input type="text"/>
Fax	<input type="text"/>		
Email address	<input type="text"/>		

Signed at _____ on the _____ day of _____ 20____

Client's signature

Intermediary's signature