

INTERMEDIARY APPOINTMENT FORM

Please complete this form in black ink and CAPITAL letters

(This Intermediary Appointment will NOT be accepted if not completed in full.)

I, the undersigned, hereby wish to inform you that I would like to change my Intermediary with immediate effect:

Current Intermediary:		
Current Intermediary code:		
TO:		
New Intermediary:		
New Intermediary code:		
Reason:		
Client current premium:		Option by applicant:
Broker fee amount to be added:		* The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder.

INSURED DETAILS

My newly appointed intermediary undertakes to assist me with my claims and administrative queries and I request you to provide him/her with the relevant information when required.

Policy Number:			
Name and Surname:			
ID/Passport no.:		Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other	
Date of birth:		Email address:	
Contact details	Home no.:	Work no.:	
	Fax no.:	Cell no.:	
Postal address:			
		Code:	
Residential address:			
		Code:	

Signature of Policyholder:		Date:	
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BROKER FEE AGREEMENT

I (Full name) with ID number

acknowledge that my broker/ advisor is (Company Name)

with FSP number is authorised to request Sirago Underwriting Managers with FSP number 4710 to collect an additional broker fee of R with my monthly premium on this policy for the services listed below.

List of services

I agree to the payment of these fees until such time as the policy is cancelled and/ or I revoke the above authority.
 I am aware that the fees are in addition to any premium payable and commission that the broker earns and are for the provision of the services above.

Signature		Signature	
Brokerage		Client	
Date		Date	

Declaration and Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission, and deletion of your personal information.

Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms we offer you, it must be correct, complete, and up to date.

We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Should you decide to cancel this insurance contract, you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only.

Should you decide not to accept the proposal, the information collected will be de-identified and only used for statistical and research purposes.

I hereby voluntarily consent to GENRIC processing my Personal Information.

I understand the purposes for which my Personal Information is required and for which it will be used.

I give GENRIC permission to process my Personal Information as provided above.

Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: <https://genric.co.za>.

Signature of policyholder

Date:

THIRD PARTY DETAILS

Relationship to principal member:		
Name and Surname:		
ID/Passport no.:		Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other
Date of Birth:		Email address:
Contact details:	Home no.:	Work no.:
	Fax no.:	Cell no.:
Postal address:		
Residential address:		
	Code:	
	Code:	

ABOUT THE INFORMATION THAT MAY BE GIVEN TO THE THIRD PARTY

Please note that by giving consent, the nominated person will have access to the following information but/and not limited to:

- Personal Information, regarding me and my dependants (Updating and Confirming Personal Details)
- Benefits Information, regarding me and my dependants (Benefit Queries and Claim Queries)
- Financial Information, regarding me and my dependants (Banking Details, Members Portion, Suspension Details, Contribution Details your chosen third party can only confirm these details, no change can be done by a third party)
- Medical Information, regarding me and my dependants (Diagnosis, Treatment Plans, Prescribed Minimum Benefit Guidelines)
- Documents Required, regarding me and my dependants (Statements, Membership Certificates, Tax Certificates)

DISCLAIMER

This consent form gives Sirago permission to make the information elected by the Policyholder available to the nominated party. The Policyholder will be responsible for all representations made in terms of this consent form. Sirago will not be liable for any loss on damage, whether direct or indirect, that may occur as a result of the nominated person having access to information pertaining to your policy.

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