

Request to appoint a healthcare adviser

2019

Important notes:

- Complete this form to change your healthcare adviser.
- Requests must be received before the 15th of every month for the change to be effective on the first of the following month and cannot be backdated.
- If an employer is appointing a new healthcare adviser, section 5 may only be signed by the authorised person.
- Please submit the completed and signed form to your Momentum Marketing Adviser, fax it to **031 580 0745** or email it at **healthcommission@momentum.co.za**.

Section 1: Member details

Membership number	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		

Section 2: Employer details

Employer name	<input type="text"/>
Group number	<input type="text"/>

Section 3: New healthcare adviser's details

Surname	<input type="text"/>	Initials	<input type="text"/>
Broker house name	<input type="text"/>		
Financial adviser's code	<input type="text"/>	Broker house code	<input type="text"/>
Telephone number	<input type="text"/>	Cellphone number	<input type="text"/>
Email address	<input type="text"/>		

Signature of healthcare adviser	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	2	<input type="text"/>	0	<input type="text"/>	<input type="text"/>
--	----------------------	-------------	----------------------	---	----------------------	---	----------------------	----------	----------------------	----------	----------------------	----------------------

Section 4: Marketing adviser's details

Name and surname	<input type="text"/>											
Marketing adviser's code	<input type="text"/>	Branch	<input type="text"/>									
Telephone – work	<input type="text"/>	Cellphone number	<input type="text"/>									
Email address	<input type="text"/>											

Section 5: Authorisation by member or employer

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				

Signature of authorised signatory	<input type="text"/>	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	2	<input type="text"/>	0	<input type="text"/>	<input type="text"/>
--	----------------------	-------------	----------------------	---	----------------------	---	----------------------	----------	----------------------	----------	----------------------	----------------------