

LETTER OF AUTHORITY

I, the undersigned, _____

Identity number: _____

Membership number: _____

do hereby nominate and authorise the following person:

Full name		Title	
ID		Gender	
Relationship		Telephone	
Cellphone		Start date	
E-mail		End date	

to be my authorised representative. This representative may access Society-related information and/or documentation in respect of my dependants as shown below, provided that this representative will use this information and/or documentation only for the following purposes:

**Names of dependants for whom your authorised representative can access information.
(Please do not include any dependants over the age 18 years, as separate consent will have to be obtained from these adult dependants.)**

Information in respect of each dependant that you want your authorised representative to have access to:
(Please indicate, "Yes" or "No" in each box.)

Grant access for all the below listed information fields				
Grant access for specific information (tick specific fields below)				
Biographical				
Membership Number				
Date of Birth				
ID number				
Postal/E-mail Address				
Physical Address				
Benefits				
Plan Type				
Limits (Waiting Period)				
Membership Certificate				
Financial				
Tax Certification				
Banking Details				
Contribution Payments				
Medical				
Chronic Condition				
Claims Transaction History				

Signed at _____ this _____ day of _____ 20 _____

For the principal member:

Signature

Full Name

Signature

Full Name

Witness 1:

Witness 2:

Signature

Full Name

Signature

Full Name

Supporting documents required:

A certified copy of identity document of the person providing authority

A certified copy of identity document of the nominated authorised representative