

## Broker appointment form

### How to complete this application form

1. Please complete all sections in black ink. Please print clearly, one letter per block.
2. This form is only valid for three months from the date signed.
3. Please make sure you complete all the relevant sections in full. We will not be able to process your request if all the necessary information has not been supplied.
4. Only the main member may sign Section 5 – it is illegal for any other person to sign this form.
5. The effective date will be the 1st day of the month following the Commissions Department's receipt of this request. The effective date cannot be backdated.
6. The new broker house is responsible to ensure the transfer has been processed within 30 days. The Scheme will not backdate any changes after this period.
7. Please send the completed form to **commissions@discovery.co.za** or fax to **011 539 2550**.

### 1. New broker house details

Broker house name

Broker house code

Broker contact number

Broker email address

### 2. Employer details

Employer's name

Employer's number

Branch names  Branch code

### 3. Member details

Initials  Surname

Membership number   Date of birth

### 4. Authorisation

I, \_\_\_\_\_, am authorised to appoint the broker mentioned on this form, to act as broker or agent on our or my behalf for all our or my dealings with the Scheme.

Signed at (town or city)  on

Signature of main member

Contact number

Email address

Appointed broker's signature