



## RENEWAL FORM – INDIVIDUAL BROKER ACCREDITATION

Broker Accreditation No:		FSB License No:	
Current Information		Changes: for completion by applicant	
Surname: _____		Surname: _____	
Full Names: _____		Full Names: _____	
ID. No: _____		ID. No: _____	
Postal Address: _____ _____		Postal Address: _____ _____	
Code: _____		Code: _____	
Physical Address: _____ _____		Physical Address: _____ _____	
Code: _____		Code: _____	
Tel No:	Home: ( ) _____	Tel No:	Home: ( ) _____
	Work: ( ) _____		Work: ( ) _____
	Cell: _____		Cell: _____
Fax No:	( ) _____	Fax No:	( ) _____
E-mail	_____	E-mail	_____
Current Employer: _____		New Employer: _____	
Trade Name if self-employed: _____		Trade Name: _____	
Company Accreditation Number: _____		Company Accreditation Number: _____	
List all the Schemes you have contracted with: _____			
As a subcontracted broker:			
Details of master broker or entity to whom so subcontracted:			
_____			
_____			



## **DECLARATION**

1. I declare that, to the best of my knowledge, that the information herein supplied is complete, true and correct and not misleading in any respect.
2. I confirm that I am fit and proper to render healthcare services in terms of regulatory requirements.
3. I undertake to abide by the legislative requirements and by the fit and proper requirements and the code of conduct determined by the Registrar of Financial Services Board in terms of the Financial Advisory and Intermediary Services Act, 2002 from time to time.
4. I undertake to supply any further information requested by the office of the Registrar, or Council for Medical Schemes, as and when required for purposes of carrying out the provisions of the Medical Schemes Act, 1998 and regulations published thereunder.
5. Proof of payment of the prescribed non-refundable application fee of R1000 (Regulation 31 in terms of the Medical Schemes Act, 1998) is attached hereto.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Name (Print):** \_\_\_\_\_

### **Banking details:**

Bank: ABSA  
Vermeulen Street  
Account No: 4051 163 394  
Branch Code: 517-245  
**Reference Number:**  
BR Number

Since all applications/documentation is attended to and filed electronically, this office strongly recommends electronic submission of applications. Renewal forms together with supporting documents can be submitted as follows:

**Email:**

[accredit@medicalschemes.com](mailto:accredit@medicalschemes.com)

**Fax:** (012) 431 0655

**Physical address:** Hatfields Office Block E, 1267 Pretorius Street,  
Hatfield, Pretoria

**Postal address:** Private Bag X34, Hatfield, 0028