

## Sanlam Secure Services: Registration of authorised representative

Complete this form to nominate a person to act on behalf of an institution, for example a company, trust, partnership or closed corporation, on Secure Services. This person will be referred to as the 'authorised representative'.

After completion, please submit this form together with any supporting documents to the Sanlam Life Client Contact Centre via:

- E-mail [life@sanlam.co.za](mailto:life@sanlam.co.za)
- Fax +27 (0)21 947 9440

This authority only applies to Secure Services and does not extend to other service channels.

### Authorisation and supporting documents

This form must be signed by the representatives of the institution that owns the product as well as the authorised representative.

For a company, trust, partnership or closed corporation, the relevant directors, trustees, partners or members must authorise this nomination.

We require the following supporting documents

- copy of ID document of authorised representative.
- copy of utility bill in the name of the authorised representative with the residential address displayed, (preferably a cellphone account), not older than 3 months.
- if you are changing an authorised representative currently on Sanlam's records, please also submit a resolution or confirmation letter signed by all the required signatories.

### Details of institution

Full name of institution \_\_\_\_\_

Institution registration number \_\_\_\_\_  
(e.g. company / trust registration number)

[Insurance](#)[Financial Planning](#)[Retirement](#)[Investments](#)[Wealth](#)

## Details of authorised representative

Name and Surname \_\_\_\_\_

ID/ passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

Email address \_\_\_\_\_ Cellphone number \_\_\_\_\_

Residential address \_\_\_\_\_

Signature of authorised representative \_\_\_\_\_

## Privileges for the authorised representative at each Sanlam business

Please provide at least one product number per business. Although only one product number is provided, the authorised representative will be able to access all products for that business.

**Sanlam Private Wealth product number** \_\_\_\_\_

### Privileges

Level 1: View

**Glacier product number** \_\_\_\_\_

### Privileges (please select one)

Level 1: View

Level 2: Includes level 1 PLUS switch/ rebalance of funds

Level 3: Includes level 2 PLUS sell units

**Sanlam Collective Investments product number** \_\_\_\_\_

### Privileges (please select one)

Level 1: View

Level 2: Includes level 1 PLUS transact

**Sanlam Individual Life product number** \_\_\_\_\_

### Privileges

Level 1: View

## Granting of authority

I/we approve the privileges requested in this form.

I/we indemnify Sanlam and/or any of its subsidiaries against any claims as a result of granting this authority.

**Signature** \_\_\_\_\_ **Name and surname** \_\_\_\_\_

**Capacity** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Name and surname** \_\_\_\_\_

**Capacity** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Name and surname** \_\_\_\_\_

**Capacity** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Name and surname** \_\_\_\_\_

**Capacity** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Name and surname** \_\_\_\_\_

**Capacity** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Signed at** \_\_\_\_\_ **on** \_\_\_\_\_ **date** (dd/mm/ccyy)

(Please make a copy of this page if more signatories apply.)