INTERMEDIARY APPOINTMENT FORM (ESKOM ROADSHOW 2019)

bestMed

1. DETAILS OF PRINCIPAL MEMBER

Unique number | Membership number

Initials | ID number

Surname

Email address

Cell phone number

2. DETAILS OF INTERMEDIARY

Name: Arthur

Surname: Easton

Intermediary code: ABEN01A1KJDT

Email address: info@abemedical.co.za

Cell phone number: 0815003773

3. DECLARATION OF PRINCIPAL MEMBER

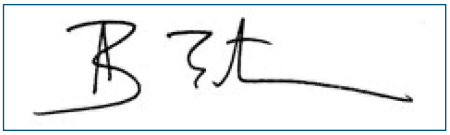
I,

authorise the Scheme to share all membership information pertaining to myself and my registered dependants with the above mentioned Healthcare intermediary so that he/ she may render advice and intermediary services to me/ us.

Signed at (site location)

Signature of principal member

on this day of month Y Y Y Y at h h : m m (time of consultation)



Signed at (site location)

Signature of intermediary

on this day of month Y Y Y Y at h h : m m (time of consultation)

Please submit completed form either by uploading the form on your HR payroll system in conjunction with your Bestmed application form OR alternatively send the form to eskom@bestmed.co.za

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