

|  |  |
| --- | --- |
| **Sanlam Umbrella Fund** | [ ]  |
| **Sanlam Unity Umbrella Fund** | [ ]  |

Request to amend Participating Employer contact details

|  |
| --- |
| **1 Participating Employer Information**  |
| 1.1 | Name of Business  |       |
| 1.2 | Fund code |       |
| 1.3 | Switchboard Telephone Number |       | Fax Number |       |
| 1.4 | **Physical Address** (*of the business*) | **Postal Address** (*of the employer*) |
|  |       |       |
|  |       |       |
|  |       |       |
| 1.5 | HR Contact Personat the Business (who will deal with administration) **\*** |       |
|  | E-mail Address of HR Contact Person |       |
|  | Telephone Number of HR Contact Person |       |
|  | ID Number of HR Contact Person |       |
| 1.6 | Communication Contact Person at the Business (who will receive communication re rates, etc) |       |
|  | E-mail Address of Communication Contact Person |       |
|  | Telephone Number of Communication Contact Person |       |
|  | ID Number of Communication Contact Person |       |
| 1.7 | Medical Correspondence contact Person (who will receive communication for all matters regarding medicals) |       |
|  | E-mail Address of Medical Correspondence Contact Person |       |
|  | Telephone Number of Medical Correspondence Contact Person |       |
|  | ID Number of Medical Correspondence Contact Person |       |

|  |  |  |
| --- | --- | --- |
| 1.8 | Person Liable for payment of contributions (Section 13A requirement) |       |
|  | E-mail Address for Person Liable for payment of contributions |       |
|  | Telephone Number of Person Liable for payment of contributions |       |
|  | ID Number of Person Liable for payment of contributions |       |
|  | Designation in business |       |
| **2** | **Participating Employer signature** |
| I the undersigned, hereby declare that I have been duly authorised to sign on behalf of the employer and that all information supplied on this application is accurate and correct. |
| **Signature of Nominated Signatory of the Participating Employer** |  |
| **Print Name** |       |
| **Signed on this:**  |       (day) | of       (month) |       (year) |

Please e-mail the completed form to: Acceptances4UmbrellaFunds@sanlam.co.za

***Disclaimer:***

*Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on*[*https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx*](https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx)*; it can be sent to you on request.*