

Section 1: Details of the Principal Member

РА

Initials

Regular Force Medical Continuation Fund

Tel: 012 679 4200 Fax: 012 679 4460 info@rfmcf.co.za PO Box, 3799, Pretoria 0001

CONSENT FORM

Member Number

Title

As per the Protection of Personal Information Act (Act 4 of 2013), the Fund is obligated to protect the personal information of the RFMCF member and may not divulge information without the member's consent.

The RFMCF consent form allows the Fund and its Administrator to provide information to a specified third-party. A third-party is any person or entity other than the principal member.

Surname

Full names																													
ID Number																													
Physical Address																													
																					Ро	stal	cod	e					
Postal Address (if different)																													
																					Ро	stal	cod	e					
Telephone - home	() -								(Cellp	ohor	ne n	uml	oer	() -							
Telephone - work	() -										Fax	- w	ork		() -							
Email address																													
Section 2: Third-	Par	ty	Inf	ori	та	tio	n																						
Third-Party 1																													
						itials	s [S	urna	ame															
Third-Party 1							s [s	urna	ame															
Third-Party 1 Title							s [S	urna	ame		Da	te o	f bii	rth			D	D	M	M	Υ	Y	Y	Y
Third-Party 1 Title Full names	M	F		0	In							s 	urna	ame		Da	te o	f bii	rth			D	D	M	M	Υ	Y	Y	Y
Third-Party 1 Title Full names ID/Passport no.		F		0	In	itials							urna					f bi	rth			D .	D	M	M	Υ	Y	Y	Y
Third-Party 1 Title Full names ID/Passport no. Gender		F		0	In	itials					E-m		Tele	ohoi	ne -			f bin	rth			1.	D	M	M	Y	Y	Y	Y
Third-Party 1 Title Full names ID/Passport no. Gender Telephone - home		F) -	In	itials	on	[[]	Y	N	E-m		Tele	ohoi	ne -			f bii	rth			1.	D	M	M	Y	Y	Y	Y
Third-Party 1 Title Full names ID/Passport no. Gender Telephone - home Cell	M ((N) -	In	patic	on		Y Y	N	E-m	ail a	Tele	ohoi	ne -			f bin	rth	Y	Y	1.		M	M	Y	Y	Y	Y

Section 2: Third-Party Information Continued

Third-Party 2

Title	Initials Surname Surname
Full names	
ID/Passport no.	Date of birth D D M M Y Y Y Y
Gender	M F Occupation
Telephone - home	(Telephone - work ()) -
Cell	E-mail address
Once-off consent	Y N Continuous consent Y N
Time period in which consent will l	be valid DDMMYYYYY to DDMMYYYY
Relationship to Principal Member	

Section 3: Information that may be disclosed to the above-mentioned Third-Party

Please indicate which information you would like us to provide to your chosen third-party.	Third-	Party 1	Third-Party 2		
	YES	NO	YES	NO	
Personal Information (Confirm personal details, update contact details on behalf of the member)					
Benefit Information (Benefit queries and claim queries)					
Financial information (Banking details, suspension status, contribution information, amounts owing to the Fund)					
Medical Information (Diagnosis, treatment plans, chronic and other authorisations)					
Documents (Statements, membership certificates, tax certificates)					
All of the above					
Other (please specify)					

Section 4: Disclaimer

- 1. This document gives the RFMCF and its Administrator permission to make certain information available to the named third-party/parties.
- 2. I agree that by making this information available, the RFMCF and its Administrator are not responsible for any loss (direct or indirect) due to such disclosure.
- 3. I agree that the named third-party/parties receiving this information may not hold the RFMCF or its Administrator responsible for any claims which result from the wrong use or disclosure of the information by the named third-party/parties.
- 4. I agree that once I have given permission, the RFMCF or its Administrator may give all the information within the selected category to the named third-party/parties.
- 5. This permission will end on the date(s) specified on this form. I understand that if I have not stipulated an end date, consent will remain in force until I give specific instructions to end this consent (or when the purpose of the consent is no longer valid).
- 6. I guarantee that, to the extent that it may be required by law, I have the necessary consent from my dependants to provide this permission.
- 7. This consent will be in force until expressly withdrawn by me as the member.
- 8. This consent will become null and void in the event of the death of a member or person providing consent.

Signature of Principal Member		Print Name and Surname of Principal Member	
Date	DD - MM - 2 0 Y Y		