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## National Fund for Municipal Workers

## **Letter of Consent**

for the issuing of confidential personal and membership information to a 3<sup>rd</sup> party.

To be completed and duly signed by the NFMW member and the authorised 3<sup>rd</sup> party in person

SECTION A -MEMBER'S DETAILS				
Membership Number				
Surname				
Full names				
Mobile number				
E-mail address				
ID number (ATTACH COPY OF ID DOCUMENT)				
Employer (MUNICIPALITY)				
Employee number (PAYSLIP NUMBER)				
	•			
SECTIO	ON B – AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
SECTIO	ON B – AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
	ON B – AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
Organisation name (if applicable) Surname	ON B – AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
Organisation name (if applicable)	ON B – AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
Organisation name (if applicable) Surname	ON B — AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
Organisation name (if applicable) Surname Full names	ON B — AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
Organisation name (if applicable) Surname Full names E-mail address	ON B – AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
Organisation name (if applicable) Surname Full names E-mail address ID number Relation to member	ON B – AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
Organisation name (if applicable) Surname Full names E-mail address ID number	ON B — AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			
Organisation name (if applicable) Surname Full names E-mail address ID number Relation to member	ON B — AUTHORISED 3 <sup>rd</sup> PARTY DETAILS			

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## SECTION C - SCOPE of CONSENT

	JECI	TOTAL C SCOPE OF CONSERVE	
elect C	ONE of the options below:		
	no selection or multiple selections be made,	this document will be deemed void)	
	The person as per Section B above is authorelated to the following transaction:	prised ONCE OFF access to my NFMW membership information specifically	
	The person as per Section B above is authorand therefore authorisation is granted for	orised access to my NFMW membership information for multiple transaction a period of ONE MONTH, commencing on DDMMYYYYY	
	SECTION D	9 – DECLARATION by the MEMBER	
the ur	ndersigned hereby confirm and declare the f	following:	
1. 2. 3. 4. 5.	details myself by following the link <a href="https://cp.sanlam.co.za/">https://cp.sanlam.co.za/</a> or downloading the free Sanlam My Retirement app.  I hereby give my consent to the person as specified in Section B above;  I am under no obligation to grant my consent and do it out of free will;  I indemnify the National Fund for Municipal Workers for any damage, in any form that could be caused as a result of information made available to the person as indicated;		
		D D M M Y Y Y	
	Signature: Member	Date	
	SECTION	E – DECLARATION BY 3 <sup>rd</sup> PARTY	
he ur	ndersigned with details as per Section B abo	ve, agree and declare that:	
1. 2. 3. 4.	I undertake to request and use the minimon NFMW member; I will destroy the information upon comple	nce of the NFMW member with details as per Section A above; um information that is needed to conclude the transaction/s on behalf of etion of the transaction; or any party other than those needed to bring the transaction to conclusion	
		DDMMYYYY	
	Signature: Authorised 3rd Party	Date	