



Please complete in **BLOCK LETTERS** using black or blue ink.

This form must be completed to request access to Old Mutual's systems for the employee as specified.

DETAILS OF SCHEME

Participating employer name

Scheme code

Number of authorisers

Authorisation Limit

For security reasons, you might want to impose a 2nd or even 3rd or 4th level of authorisation to finalise your monthly submissions to Old Mutual. Please note, if more than 1 authoriser is selected all authorisers are required to authorise every monthly submission. (A separate Authorisation of Access for Employer Personnel form must be submitted for each authoriser for registration purposes).

ACCESS DETAILS

Select with an **X**

Please indicate whether this authorisation request is NEW a CHANGE or a DELETION

DETAILS OF EMPLOYEE

Role: Payroll Servicer: Submits Payroll Data
 eClaims View Only
 Payroll View Only
 Payroll Authoriser: Authorise Payroll Data & Collection of Contributions
 eClaims Servicer: Submits claim electronically
 3rd Party

Please attach an addendum listing all Scheme Names and Numbers where access to multiple paypoints are required.

Paypoint name

Paypoint number

Title Initials Designation Gender M F

Surname

First name

ID number Date of birth

Passport number (where no South African ID number is available)

Country of issue of passport

Business tel. Code No. Cellphone number

Email address

Business physical address Postal code

THE FOLLOWING MUST BE COMPLETED FOR A DELETION OF A SERVICER/AUTHORISER/VIEWER ACCESS

Please cancel the access for the existing Servicer/Authoriser/Viewer/eClaims Servicer:

Name

Surname

ID number Effective date

AUTHORISATION BY EMPLOYER (HR MANAGER)

In my capacity as authorised signatory for the Employer, I hereby authorise the access of the parties listed above to the indicated bill groups in the Web Enabled Payroll and/or eClaims Application roles as specified in this document.

By signing this form, I confirm that:

1. I understand that the Fund will rely on the information or communication received from the employer and/or its authorised staff.
2. I accept that Old Mutual and the Fund will not be liable for any loss which may arise as a result of the fund's reliance on any information or communication conveyed to it by the employer and/or its authorised staff.
3. The granting of access to the systems mentioned above is in the sole discretion of Old Mutual.
4. Old Mutual reserves the right to suspend access to all systems pertaining to the parties listed above at any time, without notice.
5. I understand that I will be held liable for any loss or damage caused as a result of the unauthorised access to or obtaining of information by a third party due to negligence on behalf of those authorised.

Without limiting generality, negligence will be presumed where

- i. Access rights are shared with any other person;
 - ii. Browser windows are left unattended while in an active session;
 - iii. Failure to log off after each session, and clearing browser history.
6. I undertake to furnish Old Mutual with a revised written instruction should there be any change to the personnel requiring access.

Name

Surname

Designation/job title

Signature

Date



(NB: Forms received without an official company stamp, will not be processed).

PROTECTION OF PERSONAL INFORMATION (PPI) NOTICE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that are suitable to your financial needs. Please sms your ID number to 45600 if you do not want to receive such financial services.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification
- Claims checks (ASISA Life and Claims Register)
- Fraud prevention and detection
- Market research and statistical analysis
- Audit and record keeping purposes
- To comply with legal and regulatory requirements
- Verifying your identity
- Sharing with service providers we engage to process information on our behalf

You may access the information that we hold about you and ask us to correct any errors or delete the information we have about you. To view our full privacy notice and to exercise preferences, visit our website on www.oldmutual.co.za.

FOR OLD MUTUAL USE:

Access type

Client ID

Disclaimer

Old Mutual will not be held responsible and disclaims all liability for any loss, liability and damage, whether direct or consequential, or expense of any nature whatsoever which may be suffered as a result of or which may be attributable, directly or indirectly, to the use or reliance upon any information, links or service provided by the Web Enabled Payroll and/or eClaims Application by personnel for which registration is authorised.



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