

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

This form must be completed to request access to Old Mutual's systems 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

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

DETAILS OF SERVICER/AUTHORISER/VIEWER

- 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
 - My Corporate Services

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

Paypoint name

Paypoint number

Title: Mr Mrs Ms Other Initials

Designation Gender: Male Female

Surname

First name(s)

ID number Date of birth

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

Country of issue of passport (complete if passport number is provided)

Telephone (Work) Code No. Cellphone number

Email address

Business address

(physical) 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:

First name(s)
Surname
ID number Effective date

D	D	M	M	Y	Y	Y	Y
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AUTHORISATION BY EMPLOYER

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.

First name(s)
Surname
Designation/job title
Signature
Date

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

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.

