

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

The following form must be completed to grant access to the employee listed below to the role as indicated, this will enable the employee to complete the relevant process as per the role applied for.

**DETAILS OF SCHEME**

 Scheme name 

 Scheme code 

 Number of Authorisers 

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 Payroll Personnel form must be submitted for each authoriser for registration purposes).

**ACCESS DETAILS**

Select with an **X**

 Please indicate whether this request is a      NEW       CHANGE       DELETION 
**DETAILS OF EMPLOYEE**

- Role:
- 
- Payroll Servicer: Submits Payroll Data
- 
- 
- View Only: Views scheme and member data
- 
- 
- Payroll Authoriser: Authorise Payroll Data & Collection of Contributions
- 
- 
- eClaims Servicer: Submits claim documentation electronically

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

 Bill group name 

 Bill group 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 

 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	<input type="text"/>
Surname	<input type="text"/>
Designation/job title	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>



**(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](http://www.oldmutual.co.za).

### FOR OLD MUTUAL USE:

Access type	<input type="text"/>
Client ID	<input type="text"/>

### 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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