

NBC DIGITAL PLATFORM: Client Access for Retirement Fund Clients
EMPLOYER ACCESS AUTHORISATION FORM

This form is to be completed by the Employer's Chief Executive Officer or Managing Director

Fund Name: _____

Employer Name: _____

Employer Web Representatives

SURNAME	FIRST NAME	ID NUMBER	SIGNATURE

DECLARATION

I, the undersigned, hereby appoint the person/s listed above as EMPLOYER WEB REPRESENTATIVES who will have access to all the confidential fund records of our employees who are members of the Fund.

I acknowledge and understand the following:-

- Access to the NBC Digital Platform is subject to the disclaimer that can be found at <https://www.nbc.co.za/NBC/NBCLAND/ContentRedirector.aspx?ContentId=411>
- The Employer Representatives information will be updated when a change arises and failing receipt of changes NBC will regard the above people to be authorised employer representatives
- Each of the employer representatives, in signing this form acknowledge and understand that all user access granted is for their own use only and may not be shared with any other person or third party for any reason. Should a dispute arise and it is shown that an employer representative has provided his or her login credentials to any other person NBC cannot be held liable for any resultant damages

Full Name (Please Print): _____

Signature: _____

Date: _____

Designation: _____

Employer Stamp: