



**FAXED COPY OF BROKERAGE ACCREDITATION CERTIFICATE**

Please phone (012) 4310500 and quote the Broker Number on this Certificate to Verify Accreditation if in doubt

To Fax:

# CERTIFICATE OF ACCREDITATION OF AN ORGANISATION AS A HEALTH CARE BROKERAGE

**THIS SERVES TO CONFIRM THAT**

<b>Organization Names:</b>	<b>LMS LIFE COUNSELLING CC</b>
<b>Accreditation Number:</b>	<b>ORG3706</b>
<b>CC Number/Reg Number:</b>	<b>2005/070917/23</b>
<b>Accreditation Date:</b>	<b>February 18, 2016</b>
<b>Expiry:</b>	<b>February 17, 2018</b>

**HAS BEEN ACCREDITED AS A HEALTH CARE BROKERAGE IN TERMS OF SECTION 65(4) OF THE MEDICAL SCHEMES ACT, ACT 131 OF 1998.**



**6/21/2016**

.....  
**Registrar of Medical Schemes**

.....  
**Date**

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