



**FAXED COPY OF BROKER 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 AS A HEALTH CARE BROKER

**THIS SERVES TO CONFIRM THAT**

<b>Full Names:</b>	<b>RUBRIDGE VALERIE STEENKAMP</b>
<b>Accreditation Number:</b>	<b>BR679</b>
<b>Identity Number:</b>	<b>6204200118083</b>
<b>Accreditation Date:</b>	<b>February 7, 2017</b>
<b>Expiry:</b>	<b>February 7, 2019</b>

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



**2/21/2017**

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

.....  
**Date**

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