



75 Helen Joseph Street, Johannesburg, 2001  
 PO Box 1120, Johannesburg, 2000  
 service@iwyzegap.co.za

## CESSION CONSENT FORM GAP COVER

I, , with ID Number

(hereinafter called the cedent) am the legal owner of policy number

I hereby cede, transfer, assign and make over unto ,

(Practice number ) the benefit entitlement under this policy that relates to the claim/s for

treatment administered by the above practice at  on the

on the express condition that any outstanding account that relates to the above treatment and medical practice is settled by this cession in accordance with the maximum indemnity provided by the GAP Cover policy.

No other benefit entitlement is ceded under this cession form.

Signed at:  on this  day  of 20

Full name of cedent:

Signature/s of cedent

Full name of witness:

Signature of witness

Neither the Administrator nor the Underwriter assumes any responsibility for the sufficiency of this cession.

Version No. 201711IGP

**0860 93 94 93**

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