



CERTIFICATE OF ACCREDITATION AS A HEALTH CARE BROKER

THIS SERVES TO CONFIRM THAT

Full Names: **MAURETTE WESSELS**
Accreditation Number: **BR 31064**
Identity Number: **6607020011082**
Accreditation Date: **2025-03-06**
Expiry Date: **2027-03-06**

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



Official CMS Digital Seal

A handwritten signature in black ink, appearing to be "M. Wesfels".

I Accept

14/03/2025 09:35:18(UTC+00:00)

SIGNIFLOW

2025-03-14

Registrar of Medical Schemes

Date