



## BROKER FEE AGREEMENT

I (Full Name)   
with ID number  acknowledge that my broker / advisor is  
(Company Name)  with FSP number,   
is authorised to request Wesmart Financial and Administration Solutions with FSP number 45769 to  
collect an additional broker fee of R  with my monthly premium on this policy for  
the services listed below.

### List Of Services

  
  
  
  
  
  
  
  

I agree to the payment of these fees until such time as the policy is cancelled and/or I revoke the above authority.

I am aware that the fees are in addition to any premium payable and commission that the broker earns and are for the provision of the services above.

Sign:  Sign:

Brokerage:  Client:

