



INTERMEDIARY APPOINTMENT FORM

(This Intermediary Appointment will NOT be accepted if not completed in full.)

Please complete this form in black ink and CAPITAL letters

I, the undersigned, hereby wish to inform you that I would like to change my Intermediary with immediate effect:

Current Intermediary:

Current Intermediary code:

TO:

New Intermediary:

New Intermediary code:

Reason:

Client current premium: Option by applicant:

Broker fee amount to be added: * The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder

INSURED DETAILS

My newly appointed intermediary undertakes to assist me with my claims and administrative queries and I request you to provide him/her with the relevant information when required.

Policy Number:

Name and Surname:

ID number / Passport: Mr Mrs Miss Dr Other

Date of birth: Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

Postal address:

Code:

Residential address:

Signature Of Policy Holder: Date:

NOTES / ADDITIONAL INFORMATION