

Brokers note/authority



For claims enquiry and portfolio assessment - Yes / No

For appointment as new broker - Yes / No

Effective date:.....

<u>Commercial/Marine insurance</u>	<u>Personal insurance</u>
Insured	Insured
Adress	I.D. no.
	Adress
Vat number	
Phone	
Fax	
E-mail adress	Phone
Policy number/s	Fax
	E-mail adress
Insurer	Policy number
Premium frequency: Annual/monthly	Insurer/Underwriter
Renewal date	Premium frequency: Annual/monthly
Contact person	Renewal date

Finalisation of policies are subject to final approval by insurer. I/we hereby authorise Vinsure Brokers to deal with my/our insurance portfolio as agreed and indicated above. Please provide them with all necessary info and documentation as requested by them. Policy- and/or credit information may be supplied to insurers as needed. This authorisation cancels all previous authorisations/appointments of similar nature and is to remain in force until you are notified to the contrary in writing. This also serves as authorisation for the insurer to deduct any premiums from the banking details provided below. I/we confirm receipt of disclosure form.

Authorised by

Signature

Capacity

Date

Preference of language - English / Afrikaans

Broker/ sub-agent

<u>Banking details</u>	
Account name:	
Bank and branch:	
Branch code:	
Account number:	Payer signature
Account type: Current / Transmission / Credit card