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An Authorised Financial Services Provider: License Number – 31213

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Sebokeng, Vaal Triangle, 1983

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## BROKER APPOINTMENT LETTER

I hereby appoint Khanyisa Insurance Brokers to act on my behalf regarding my insurance portfolio and authorise them to obtain any policy information on my behalf.

This broker authority includes:

- Obtaining copies of any policy documents
- Obtaining policy and investment information and related correspondence
- Acting as my broker on all my existing and new insurance policies

This broker authority may be cancelled by either party giving thirty (30) days written notice to the other.

- I confirm that I have been informed about FICA
- I confirm that I have been shown and understand the contents of the Broker's disclosure letter and understand that I am entitled to a copy thereof upon my request
- I acknowledge that Khanyisa Insurance Brokers may earn commission from the product provider that I have chosen.
- I am also aware that where applicable, Khanyisa Insurance Brokers may charge fees for services rendered.
- In the event where fees are charged for services rendered, such fees will be disclosed to me in writing beforehand.
- I am aware that Khanyisa Insurance Brokers holds Professional Indemnity cover.
- I am aware that as a client, should I feel that my rights have been prejudiced, or I may have been aggrieved in any way, that I have the right to lodge a complaint. A copy of the complaints procedure is available upon request.

**THE FOLLOWING POLICIES ARE APPLICABLE:**

Policy Number: \_\_\_\_\_ Insurance Company \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The appointment revokes any existing appointment of \_\_\_\_\_  
as Insurance Broker and / or Agent

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name: \_\_\_\_\_ ID Number: \_\_\_\_\_

### SHARING THE LIGHT TO GROW OTHERS