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admin@khanyisabrokers.co.za



An Authorised Financial Services Provider: License Number – 31213

SEBOKENG OFFICE:

Cell: 076 923 6088

1108 Ext 2, Zone 6

Sebokeng, Vaal Triangle, 1983

lifeadmin@khanyisabrokers.co.za

BROKER'S LETTER OF APPOINTMENT

I / We the undersigned hereby give permission for the transfer of the following policy/ies to the agency of Khanyisa Insurance Brokers (Pty) Ltd

THE FOLLOWING POLICIES ARE APPLICABLE:

Policy Number:	_____	Insurance Company	_____
	_____		_____
	_____		_____

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

I acknowledge and understand that this appointment entitles Khanyisa insurance Brokers to receive payment of commission from the Insurer, where applicable, after the policy has been placed in the name of the authorised Broker.

BUSINESS NAME and ADDRESS or CLIENT NAME AND ADDRESS OF INSURED:

Telephone Number: _____ Cell Number: _____

Name of Signatory: _____ Signature: _____

ID Number: _____ Date: _____

I confirm that I am duly authorised and mandated to make this appointment / change.

SHARING THE LIGHT TO GROW OTHERS