

HEAD OFFICE:

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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

lfeadmin@khanyisabrokers.co.za

No Claims /Circumstances / Material Changes Declaration

Insured Name _____

Policy Number _____

After enquiries have been made of all Partners/Principals and staff, it is confirmed that no **claims** have been made against us and that no **circumstances**, which may give rise to a claim being made against us, have become known to us since completing the proposal form dated _____

It is also confirmed that all information contained in the above mentioned proposal forms are still correct and accurate in all respects and that we are not aware of any other material facts would have an impact on this Insurance.

Signed on behalf of Insured

Full name

Position held at Insured

Date

Official Company Stamp:

Company: The Insured

SHARING THE LIGHT TO GROW OTHERS