



DELPHI SURE

GROUP INSURANCE BROKERS CAPE (PTY) LTD

INTERNATIONAL INSURANCE BROKERS AND LLOYDS CORRESPONDENT

P O Box 3388, Tygerpark, 7536
Tel: (021) 914 1700
Fax: (021) 914 1740

Thank you for your interest in Delphisure. Formalities are necessary and you are required to authorize the section(s) stated below before we are able to proceed

GENERAL INFORMATION

Name: _____ Tel: (w) _____
P O Box: _____ Cell: _____
Address: _____ Fax no: _____

<u>NAME OF POLICY / CONTRACT</u>	<u>INSURERS</u>	<u>POLICY NO</u>

POWER OF INVESTIGATION

Authority is hereby granted to investigate all insurance, past, current or future and not limited to the name(s) and/or insurer(s) reflected above. Any insurer, agent, underwriter, assessor are requested to keep this investigation confidential and not to expose it to any party but solely to the office requesting the information.

OFFICIAL APPOINTMENT AS INSURANCE BROKER

Hereby nominate and appoint yourselves with effect as from date hereof as my/our brokers in Insurance/Assurance to negotiate and conclude on my/our behalf all matters relating to my/our Insurance/Assurance.

My Insurer (current or future) are hereby authorized to execute all your instructions regarding all my/our current or any other insurances that may be undertaken in the past or future and supply yourselves with all information that they may require relating to current or past or future Insurance/Assurance.

Should any insurance undertaken by myself in the past being part of a group scheme or this brokers note in your favour not be effective against insurance undertaken, then I/we hereby execute direct instruction to such insurer to cancel such policy contract of insurance and effect such cover to be sole discretion of yourselves.

I/We may terminate this broker appointment only by way of giving you one month written notice.

ACCEPTANCE OF QUOTATION

This is to certify that the quotation(s) as issued by Delphisure is accepted by ourselves/myself. I further authorize Delphisure to place my insurance portfolio with an insurance company of their discretion and to alter my insurer in the future as they deem it.

I certify that I have read the terms and conditions attached to the quotation(s) and fully understand such and is binding to myself / ourselves.

DEBIT ORDER AUTHORITY

Name of Account: _____

Name of Financial Institution: _____

Branch Name and Town: _____

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Clearing Code:

--	--	--	--	--	--	--	--	--

Type of Account: _____

Authority is hereby granted to draw against my/our account when due to premium(s) for all policies. It is further understood and agreed that if any premium(s) is/are not paid, the policy(ies) are cancelled automatically from the end of the period of insurance for which premium has been paid. In addition this authority is effective against any party collecting funds for insurance purposes as authorized by Delphisure. Should my/our account be transferred, this authority is also effective against such alternative account. Policy conditions are to apply. Our premiums on debits may vary to reflect any change in cover, risk, sum insured or policy rates and policy fees. All debits from my/our account are to be treated as each signed personally and this instruction is to be regarded as received by my bankers (whichever they may be).

CONFIRMATION OF AUTHORIZATION

I/We declare all the above statements in this proposal to be true and correct and further are duly authorized to execute these documents/statements, which are binding on all parties.

THIS DONE AND EXECUTED AT ON

Authorized Signature: _____

1. _____

2. _____