



DELPHISURE

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
general@delphisure.com
FSB License no: 309

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

SECTION 1: GENERAL INFORMATION

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

PRESENT INSURANCE INFORMATION

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

SECTION 2: 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.

Authorised signature:

SECTION 3: 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 brokers appointment (unless a separate agreement has been concluded) only by way of giving yourself one full calendar month written notice. Should the policy be cancelled in midterm (i.e. prior to the next anniversary date) we agree that Delphisure Group Insurance Brokers is entitled to a minimum fee and commission equal to four (4) months fees and commissions. Such fees and or commissions shall due and be payable on the first of the month following the cancellation of the policy and be calculated on the average fee / commission during the past four (4) month period (or shorter period if applicable).

Authorised Signature:

