

INTERMEDIARY APPOINTMENT FORM 2021

(This Intermediary Appointment will NOT be accepted if not completed in full.)

Please complete this form in black ink and CAPITAL letters

I, the undersigned, hereby wish to inform you that I would like to change my Intermediary with immediate effect:

Current Intermediary:	<input type="text"/>
Current Intermediary code:	<input type="text"/>
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TO:	<input type="text"/>
New Intermediary:	<input type="text"/>
New Intermediary code:	<input type="text"/>
Reason:	<input type="text"/>
	<input type="text"/>
Client current premium:	<input type="text"/>
Option by applicant:	<input type="text"/>
Broker fee amount to be added:	<input type="text"/>

* The Intermediary fee will only be collected subject to us receiving a signed contract between the Intermediary and Policyholder

INSURED DETAILS

My newly appointed intermediary undertakes to assist me with my claims and administrative queries and I request you to provide him/her with the relevant information when required.

Policy Number:	<input type="text"/>		
Name and Surname:	<input type="text"/>		
ID number / Passport:	<input type="text"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
		Miss <input type="checkbox"/>	Dr <input type="checkbox"/>
		Other <input type="checkbox"/>	<input type="text"/>
Date of birth:	<input type="text"/>	Email Address:	<input type="text"/>
Contact details:	Home no.: <input type="text"/>	Work no.:	<input type="text"/>
	Fax no.: <input type="text"/>	Cell no.:	<input type="text"/>
Postal address:	<input type="text"/>		
	<input type="text"/>		Code: <input type="text"/>
Residential address:	<input type="text"/>		
	<input type="text"/>		<input type="text"/>

Signature Of Policyholder:	<input type="text"/>	Date:	<input type="text"/>
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BROKER FEE AGREEMENT

I (Full Name) with ID number

acknowledge that my broker / advisor is (Company Name)

with FSP number is authorised to request Sirago Underwriting Managers with FSP number 4710 to collect an additional broker fee of R with my monthly premium on this policy for the services listed below.

List of Services

I agree to the payment of these fees until such time as the policy is cancelled and/or I revoke the above authority.
 I am aware that the fees are in addition to any premium payable and commission that the broker earns and are for the provision of the services above.

Signature	<input type="text"/>	Signature	<input type="text"/>
Brokerage	<input type="text"/>	Client	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>