



## BROKERS APPOINTMENT

I/we hereby appoint Lereko Brokers (Pty) Limited as my/our short term insurance broker with full authority to administrate my/our insurance portfolio including amendments, cancellations, appointing new underwriters and obtaining any required information as if I/we acted in my/our personal capacity, whether or not the company has an agency with the said company. This appointment replaces all previous appointments.

This letter of appointment allows Lereko Brokers to disclose all relevant information to insurers and also gives the insurers and or Lereko Brokers permission to obtain my / our credit information and records.

## CLIENT DETAILS

Full Name of Insured	
Name of Com Representative	
Designation of Representative	
Telephone Number	
E-mail Address	

## EXISTING POLICY DETAILS

I confirm that I have the required authority to sign this document. I furthermore confirm that I sign this document out of my / our own free will.

Signature:

Name:

Date:

Insurer		Policy Number	
Insurer		Policy Number	
Insurer		Policy Number	
Insurer		Policy Number	