

BROKERS APPOINTMENT

I/we hereby **Appoint Origin Financial** 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 and remains in effect until such time as I cancel it in writing. Should I pass away or become incapable to manage my own affairs, the broker will maintain his mandate regarding my existing policies and/or investments until such time as an executor or curator for my estate has been appointed. This letter of appointment allows **Origin Financial** to disclose all relevant information to insurers and also gives the insurers and or **Origin Financial** permission to obtain my / our credit information and records.

This appointment is subject to **ORIGIN FINANCIAL** being entitled to receive payment from the INSURER after the policy has been placed in the name of the authorised broker and/or agent.

Name of the authorised representative/broker: _____

CLIENT DETAILS

Title	
Full Name of Insured	
ID or Company Registration Number	
Occupation or Company Description	
Physical Address	
Postal Address (If different from above)	
Telephone Number	
Cell phone Number	
E-mail Address	

EXISTING POLICY DETAILS

Insurer		Policy Number	
Insurer		Policy Number	
Insurer		Policy Number	

Our service offering includes assistance in respect of Short Term Ombud escalation and support, consulting markets on behalf of clients and the facilitation of Value Added Products. As these services are additional services for which we are not yet remunerated, it will be charged as our Service Fee in the amount of R 50.00 for Domestic Policies, and R100.00 for Commercial Policies. In signing this agreement, you provide consent to the payment and collection of this service fee. Should you choose not to give your consent, we may want to re-negotiate your fee and/or service structure.

I hereby consent to **Origin Financial Group** sending me information about their products and services: ☐ YES ☐ NO

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

Name : _____

Signature : _____

Date : _____

Head Office

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