

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 claims intervention on behalf of policyholders with the insurance company, as well as coordination with external experts appointed by the insurer to investigate and assess claims and facilitate settlement. Policyholder risk profiling and insurance needs analysis, including risk and insurance strategy meetings and/or the research and development of risk and insurance approaches for niche and affinity groups, and/or the facilitation of Value-Added Products that do not form part of normal insurance products. As these are additional services for which we are not yet remunerated, we charge a service fee of R50 for Personal lines policies and R100 for Commercial policies. Payment for these services are voluntary and can be stopped at any time. In signing this agreement, you provide consent to the payment and collection of this service fee as part of the Insurer's debit for Origin's account. Should you choose not to give your consent or withdraw your consent at any point in time 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 : _____

Origin Financial Group is committed to ensuring the security and protection of the personal information that we process. If you have any questions relating to our POPIA compliance, please [click here](#) to read our privacy policy.