



Brokers Appointment

I/We the undersigned, hereby give permission for the transfer of the following policy(ies) to the agency of AMBIENT BROKERS:

BROKER CODE:			
POLICY NO:			

I _____ hereby confirm that Ambient Brokers is authorised to handle all cancellations, amendments, claims and the appointment of new insurers on my behalf. This appointment revokes any existing appointment as INSURANCE BROKER(S) AND/OR AGENT(S).

This appointment is subject to AMBIENT BROKERS 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:			
Address:			
ID Number:			
Phone/Cell Number:			

Signature Of The Insured

Date Signed

EMAIL

PHONE

WEB

info@ambientbrokers.co.za

0861 101 883

www.ambientbrokers.co.za