

BROKER APPOINTMENT / AUTHORITY

- I hereby appoint Carl Greaves Brokers (Pty) Ltd as the servicing broker of my insurance portfolio.
- I hereby authorise Carl Greaves Brokers (Pty) Ltd to obtain information about my insurance portfolio.

Language English Afrikaans Other:

Name: _____

Address: _____

Tel (H): _____

Tel (W): _____

Cell: _____

ID #: _____

CO REG #: _____

Insurance Co: _____ **Policy** _____

INSTRUCTIONS FROM CLIENT:

- Please send detailed policy schedule, claims history & loss ratio for last 3 years
- I request that Carl Greaves Brokers submits this form on my behalf
- IF APPOINTED - Please link the policy to the Carl Greaves Agency with immediate effect

Date: _____ Signature: _____