

Lionel Isaacs Insurance Brokers (Pty) Ltd

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 Registration number: 1988/003853/07
 VAT number: 4930103017
 Authorised Financial Services Provider No. 13343
JHB: 33 Scott Street, Waverley, 2090; PO Box 3436, Johannesburg, 2000
CPT: 3rd Floor, The Equinox, Milton Road, Sea Point



BROKER APPOINTMENT and ADMINISTRATION AUTHORITY

I / we hereby appoint Lionel Isaacs Insurance Brokers (Pty) Ltd ("LIIB") as my insurance broker and authorise it to place my / our business with a licenced and registered Short Term Insurer with whom it has a written and binding mandate and to administer my policy.

CLIENT INFORMATION, DEBIT ORDER AUTHORITY and FEE CONSENT

1. THE INSURED'S NAME AND ADDRESS

Details of the account against which all premiums will be drawn:

2. FULL FIRST NAMES AND SURNAME OF PAYER

3. NAME OF BANK AND BRANCH

Bank		Branch	
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4. ACCOUNT NUMBER	BRANCH NUMBER	A stamped bank letter or copy of bank statement must be attached for identification purposes in the case of a cheque account.	
_____	_____		

5. TYPE OF ACCOUNT	CURRENT	SAVINGS	TRANSMISSION
Tick One			

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Tick One			

I the undersigned, instruct and authorise:

- i. LIIB to draw against my account on the first working day of the month with the above mentioned bank (or any other bank to which I may transfer my account) the amount necessary for payment of the items indicated in the schedule below.
- ii. My / our bank to debit my account with any debits drawn against it by LIIB and to treat each one as if it had been signed by me / us personally. I / we undertake against the bank that I / we shall regard receipt by LIIB of this instruction as receipt and acknowledgement by the bank.
- iii. I / we understand and undertake that either I / we or LIIB may at any time cancel these arrangements by giving thirty days' notice in writing, in respect of any or all of the items indicated but that such cancellation will have no effect on any withdrawals already made while this authority was in force if such amounts were legally owing to LIIB.
- iv. I / we agree to pay the bank and service charges in connection with this instruction.
- v. I / we further understand and undertake that LIIB will receive all payments in terms of this request without prejudice to its rights.
- vi. LIIB to levy an operations fee for risk and claims advice and service, as more fully set out in our comprehensive Guide to Financial Services (a copy of which is available on request). This operations fee also includes a recovery for certain costs related to acting as your independent intermediary, including training, information technology expenditure, audit costs and compliance expenditure. The relevant operations fee is fully disclosed in the policy documentation and/or schedule.

SCHEDULE (FOR INTERNAL PURPOSES ONLY)

A. Premiums and fees as payable from 20.....in respect of the following

Insurance Company: Policy No:

B. Or such other amounts which may become payable in respect of policies issued in my name or in the name of:

Should the Bank for any reason reclaim from LIIB any of the amounts paid in terms of this request and decide to pay such amounts over to me. I undertake to refund such amounts to LIIB and that the amounts so paid or so to be paid to me by the Bank shall be applied to such refund.

SIGNED AT ON THIS DAY OF 20.....

SIGNATURE OF PAYER:

ASSISTED BY:
 (Where legally necessary)

If a company is the payer the full name of the company must be shown and the authorised person must sign indicating his capacity. The Company's stamp must also appear there.