

# 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: 3<sup>rd</sup> 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:

INSURED NAME:

INSURED ADDRESS:

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

### 2. FULL FIRST NAMES AND SURNAME OF PAYER:

FULL NAMES:

SURNAME:

3. BANK NAME:

BRANCH NAME:

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  
Tick One

CURRENT

SAVINGS

TRANSMISSION

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.

## PRIVACY CLAUSE

We (LIIB) care about your privacy. In order to provide you with our service, LIIB and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and LIIB have put reasonable security measures in place to protect it. By signing this broker appointment, debit order authority and fee consent form, you agree to the processing and sharing of your personal information.

**BROKER APPOINTMENT and DEBIT ORDER AUTHORITY (2)**

**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.