Lionel Isaacs Insurance Brokers (Pty) Ltd
Reg. No. 1988/003853/07
Authorised Financial Services Provider,
License No. 13343

1st Floor, 33 Scott Street,
Waverley, 2090
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COMPREHENSIVE CONSENT FOR INSURANCE INTERMEDIARY SERVICES & DEBIT ORDER AUTHORITY

CLIENT INFORMATION

INSUREDS FULL NAMES	
INSUREDS ADDRESS	
ID NO/PASSPORT NO/BUSINESS REGISTRATION NO	
CONTACT NUMBER	
EMAIL ADDRESS	

i. INSURANCE INTEMEDIARY SERVICES CONSENT

1. I/we appoint Lionel Isaacs Insurance Brokers as my insurance broker, authorizing them to place my/our business with a licensed Short-Term Insurer, Transitioning from Insurer A to Insurer B / Placed with with a written and binding mandate to administer my/our policy.
2. I, the undersigned, authorize LIIB to levy an operational fee for additional risk and claims advice and services, as detailed in our Guide to Financial Services available on www.liib.co.za or upon request. The relevant fee is fully disclosed in policy documentation, schedule, and as part of the Intermediary Terms and Conditions disclosure.
3. I agree to LIIB and their service providers processing and sharing my personal information as per LIIB's Privacy Policy, accessible on LIIB's website.
4. I consent to LIIB and the insurer-selected credit agency performing an insurance ITC check and risk score at quote, renewal, endorsement, or claims stages. This assists in assessing my risk profile and calculating premiums without affecting my credit scoring. Providing consent helps avoid assuming the worst insurance risk score per the insurer rating engine.

ii. DEBIT ORDER AUTHORITY & FEE CONSENT

I, the undersigned, instruct and authorize:

1. LIIB to draw against my account on the first working day of the month for payment of the indicated items.
2. My/our bank to debit my account with any debits drawn against it by LIIB, treating each as if signed by me/us. I/we undertake against the bank that receipt by LIIB of this instruction is acknowledgment by the bank.
3. I/we understand that either I/we or LIIB may cancel these arrangements with thirty days' notice in writing, without affecting withdrawals made while this authority was in force and legally owing to LIIB.
4. I/we agree to pay the bank and service charges associated with this instruction.
5. I/we understand LIIB will receive payments without prejudice to its rights. LIIB may levy an operations fee for risk and claims advice and service, as fully disclosed in our Guide to Financial Services.

Details of the account against which all premiums will be drawn for Debit Order policies:

FULL NAMES AND SURNAME OF BANK ACCOUNT HOLDER:

BANK NAME: BRANCH NAME:

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.

TYPE OF ACCOUNT

Tick One

CURRENT ☐ SAVINGS ☐ TRANSMISSION ☐

This document and attachments are confidential. Do not keep, copy or distribute if you are not the intended recipient. Please destroy and notify us on insurance@liib.co.za.

iii. SHARING OF PERSONAL INFORMATION

Your authorization to Lionel Isaacs Insurance Brokers and mandated insurance companies:

1. I acknowledge that sharing information for underwriting and claims purposes is in the public interest, enabling fair policy underwriting and risk assessment to reduce fraudulent claims and limit premiums.
2. On my behalf and on behalf of any person I represent, I hereby waive my right to privacy regarding underwriting and claims information for any insurance policy or claim.
3. I consent to this information being stored in the shared database and used as outlined.
4. I also consent to such information being disclosed to any Insurer or its agent.
5. I further consent to any underwriting information being verified against legally recognized sources or databases.

By signing this comprehensive consent form, you agree to the processing and sharing of your personal information.

SCHEDULE (FOR INTERNAL PURPOSES ONLY)

A. Premiums and fees as payable from _____

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 _____

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.

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