



APPOINTMENT OF FINANCIAL SERVICE PROVIDER – FSP14917

I, the undersigned, hereby give permission for the transfer of the following policies to the agency of

NAME OF FSP Campher Brokers
COMPANY REGISTRATION NUMBER 2003/028920/23

BROKER CODE _____

INSURER _____

POLICY NUMBERS _____

I, _____ (Full names) hereby confirm that C BROKERS are authorized to handle all cancellations, amendments, claims and the appointment of new underwriters on my behalf.

This appointment revokes any existing appointment as INSURANCE BROKER (S) and / or AGENT (S) and / or FINANCIAL SERVICE PROVIDER(S)

The engagement of C BROKERS as my financial adviser who undertakes before giving me advice, to:

- Make all compulsory disclosures required by law.
- Having gathered all the relevant information and established my objectives, will do the appropriate needs analysis.
- Provide product solutions that are suitable and affordable to me and affiliated to my risk profile.
- Record, store and be able to retrieve advice given and provide me with a written copy.

This appointment is subject to CAMPHER BROKERS being entitled to receive payment from the Product Supplier, after the policies have been placed in the name of the authorized FINANCIAL SERVICE PROVIDER (S)


NAME OF INSURED _____

ID NUMBER _____

PHYSICAL ADDRESS _____

SIGNATURE OF INSURED

DATE SIGNED

 066 206 7936 / 011 672 0232

 20 Deslin Street, Florida

 www.campherbrokers.co.za

Registration Nr: 2003/028920/23