



FSP No: 45487
Po Box 31053, Moreskof, 9462

MAKELAARSAANSTELLING

Ek/Ons die ondergetekende gee hiermee toestemming aan

Om my ondergenoemde polis/se oor te plaas na **C.T.S Makelaars**

POLISNOMMER/S :

Ek/Onsbevestig hiermee dat **C.T.S Makelaars**

NAAM VAN VERSEKERDE

gemagtig word, om alle kansellasies, wysigings, eise en die aanstel van nuwe onderskrywers namens my te behartig. Hierdie aanstelling herroep enige bestaande VERSEKERINGSMAKELAAR/S EN/OF AGENT/E aanstellings. Hierdie aanstellings is onderhewig daaraan dat **C.T.S Makelaars** vergoeding mag ontvang vanaf die VERSEKERAAR, nadat die polis geplaas is in die naam van die gemagtigde makelaar.

VERSEKERDE ID NR

ADRES SELNR

TELEFOONNR

FAKSNOMMER

.....
HANDTEKENING VAN VERSEKERDE DATUM

APPOINTMENT OF BROKER

I, we, the undersigned, hereby give permission to

For the transfer of the following policy/ies to **C.T.S Brokers**

POLICY NUMBER/S:

I, We, hereby confirm that **C.T.S Brokers**

NAME OF THE INSURED

Is 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. This appointment is subject to C.T.S Brokers being entitled to receive payment from the INSURER after the policy has been placed in the name of authorized broker and/or agent.

INSURED ID NR

ADRES CELL NR

TELEPHONE NR

FAX NR

.....
SIGNATURE OF INSURED DATE

Klerksdorp Branch – Head Office.

Corpus Novem Park 84
35B Dr. Yusuf Dadoo
Wilkoppies
Klerksdorp
2571
Tel no: 0861 333 403
Fax no: 018 468 7555

Welkom Branch

8 Opperman Street
Jan Cilliers Park
Welkom
9459
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