



FIRST INTERNATIONAL

BROKER APPOINTMENT AND CLIENT MANDATE

The purpose of this document is to establish a professional business relationship between the parties where by FIPM will render financial services to the below-mentioned Policyholder.

POLIYHOLDER DETAILS			
Name of Policyholder:		ID no:	
Co-insured name:		ID no:	
Company reg. no:		VAT reg. no:	
Contact person:			
Physical address:			
Postal address:			
Cell phone no:		Home no:	
Work no:		Other no:	
Email address:			
Inception date:			
Correspondence:	Electronic <input type="checkbox"/>	Hardcopy	<input type="checkbox"/>
Account Executive:			

As our Broker FIPM agree – with my written consent as may be required – to the manage the following as it relates to my short-term insurance portfolio:

- Administration – amendments, additions, deletions, etc.;
- Appoint a new insurer / underwriter;
- Cancellations;
- Claims management;
- Renewals;
- Other – any function essential to our short-term insurance portfolio; and
- Act honestly and fairly with due skill, care and diligence, and in the best interests of the Policyholder.

As the Policyholder, we agree to the following as it relates to our short-term insurance portfolio:

- Make full disclosure all material and relevant information which is required for the activation and maintenance of our short-term insurance portfolio;



PHYSICAL ADDRESS:
Lombardy Business Park
Unit 25-26, Block 2
Corner of Cole and
Graham Road
Silver Lakes,
Pretoria, 0054

POSTAL ADDRESS:
Postnet Suite #L19
Private Bag X37
Lynnwood Ridge
0040
TELEPHONE:
012 809-1062
082 670-7445
Email: info@fipm.co.za
Web: www.firstinternational.co.za

AUTHORISED FINANCIAL SERVICES PROVIDER
License number: 16438
REG NUMBER:
1945/019293/07
VAT NUMBER:
4110227818

EXECUTIVE CHAIRMAN:
DR. JAJ SCHALCH
Email: jurg@fipm.co.za
EXECUTIVE DIRECTOR:
TAE OHLENSCHLÄGER (German)
Email: thomas@fipm.co.za

YOUR RISK - OUR CONCERN

- Provide all documents required initially, and from time to time as requested;
- Disclose to FIPM any change in respect of the risk, underwriting or personal information relevant to our short-term insurance portfolio as soon as possible and not hold FIPM liable for any damage resulting from our breach of this duty;
- Participate in review sessions annually, unless otherwise agreed upon, in order to keep ensure that our insurance portfolio remains up to date.

In terms of the provisions of the Protection of Personal Information Act, we hereby consent for I FIPM to:

- Collect, be in possession of and process our Personal Information in order to render financial services to us, where insurance policies are in place.
- Share our Personal Information with various Product Suppliers and/or third parties but only insofar as it relates to the fulfilment of their mandate as our Broker and in performance of the insurance policy, including claims management.
- Send me us general insurance-related updates, via any electronic means, which I we may opt out of.
- Send us product-related enhancements, via any electronic means, which we may opt out of.
- Market to us new products related to insurance, via any electronic means, which we may opt out of.
- Retain all verbal and written communications relating to the financial services rendered to us for a period of five (5) years after termination of the product concerned, as is required by the FAIS Act.

We hereby accept that:

- FIPM are entitled to receive any and all regulated commission payable on these insurance policies;
- Both parties will be legally bound by this agreement which can be cancelled by giving 31-days written notice;
- This Agreement may not be changed unless both us and FIPM agree to the change in writing;
- All information we furnish to FIPM shall be treated as confidential and not disclose such information without our prior written consent, unless required by law or court order, or unless such information becomes publicly available or known other than as a result of actions of FIPM;
- This appointment removes any previous intermediaries/brokers that may have represented us in the past in respect of my short-term insurance portfolio; and
- This Agreement contains the entire understanding of the parties and any oral understandings are incorporated and merged in this Agreement and no representations were made or relied upon by either party except as set forth.

We, (full name in print)

ID number,

in my capacity as,

hereby appoint FIPM as our insurance broker.

Signed

Date

ASSURING YOU OF OUR BEST SERVICE AT ALL TIMES



YOUR RISK - OUR CONCERN