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# **APPOINTMENT AS INSURANCE BROKER**

I/ We (full Name):

Policy Number: \_\_\_\_\_ ID No: \_\_\_\_\_ ID No: \_\_\_\_\_

Hereby appoint Xinix Insurance Brokers as my / our Insurance brokers to obtain, manage and maintain my / our insurance as agreed upon from time to time.

#### I / We hereby accept that:

- 1. This appointment revokes any existing Insurance Brokers appointment
- 2. The revocation of this appointment is subject to 90 days mutual written notice.
- 3. Any change in respect of the risk, underwriting or personal information relevant to the Insurance will be disclosed to

# XINIX (PTY) LTD

As soon as possible and

## XINIX (PTY) LTD

#### Will not be held liable for any damage resulting from a breach of this duty

## **Client details**

Postal Address	
Contact telephone number	
Contact email address	
Signature	
Date	

#### **Broker details**

Signature	
Date	



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