

APPOINTMENT AS INSURANCE BROKER

I/ We (full Name):

Policy Number: _____ ID No: _____

Hereby appoint XINIX 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

As soon as possible and

XINIX

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	

