

**LETTER OF APPOINTMENT**

6 BEVIS PLACE  
 KOKSTAD  
 KWA-ZULU NATAL  
 4700

**AUTHORISATION TO RENDER FINANCIAL SERVICES**

I, the undersigned appoint SW Brokers (Pty) Ltd trading as SW Insurance Brokers an Authorised Financial Services Provider ("FSP") with FSP Number 43674 as my Appointed Intermediary/Broker in respect of my Short-Term Insurance Portfolio and authorize them to obtain all such information including personal information as they may require to fulfil their duties. I further confirm the following:

1. I have been handed a disclosure notice (reverse end of my Quotation or Policy Schedule) and understand the content and significance thereof.
2. I have received verbal confirmation:
  - a. on the existence of a written contracts of employment or mandates entered into between SW Insurance Brokers and all its Representatives" in terms of which the Representatives" act on behalf of SW Insurance Brokers as registered fit and proper representatives';
  - b. on the Representatives' authority to render specific financial services relating to Short-Term Insurance Personal and Commercial lines categories 1.2, 1.23 and 1.6;
  - c. that the Representatives" meets the Fit and Proper requirements in terms of FAIS to render the financial services; and
  - d. that SW Insurance Brokers accepts responsibility for the activities the Representatives' perform within the scope of or during implementing their contract of employment or Mandate.

I understand that written evidence of the attached can be provided to me at my request.

3. I understand that SW Insurance Brokers is entitled to receive commission and fees flowing from any transaction I may enter into with them, which amounts will be disclosed to me. I am also aware of the Client Service Fee that SW Insurance Brokers charges in respect of services rendered to me which services are not included in the Binder, Outsource and Intermediary Services provided to Insurers and which amounts will be disclosed under the client services fee section of the disclosure notice referred to in point 1 above. My right to request the removal of the Client Services Fee remains reserved which request shall be made in writing and I am aware that such a request will result in the withdrawal of the services for which the fee is in exchange for.
4. I understand that this appointment of SW Insurance Brokers is discretionary, and they are entitled to cancel this Appointment by affording me 31 (thirty-one ) days' notice. I am also aware of my right to cancel this appointment immediately after notifying SW Insurance Brokers of my intention to cancel in writing.
5. I consent to SW Insurance Brokers acting on my behalf and in my best interests in the event of my death until an Executor is appointed to handle my Estate.
6. I understand that it is my responsibility to inform SW Insurance Brokers of any and all changes required to my Short- Term Portfolio and I further understand that it is my responsibility to read and familiarise myself with all documentation and communication sent to me by SW Insurance Brokers or behalf thereof.
7. I understand that the adviser may come into possession of personal and/or confidential information whilst acting as my Short Term Insurance Adviser, and that such information will not be disclosed to any third party, unless the Information constitutes a material fact which should be communicated to any existing or prospective Underwriter, or where such disclosure is required by law or in order to provide effective Financial Services. I consent to such personal information being used by any necessary third party, such as the Insurer and I am aware that such Personal Information will be dealt with in accordance with the Personal Protection of Information Act ('POPI') as well as the Company's POPI Policy. Certain personal information may be required for marketing purposes and I consent to the use thereof but reserve the right to request that such information not be used.

Insured Name: .....Capacity:.....

Insured ID/Registration Number:.....Policy Number/s: .....

Signed by client: ..... Date: .....  
 ( He/she being duly Authorised)