



Business Solutions.

Email : admin@ngenious.co.za

Ngenious Business Solutions (Pty) Ltd

APPOINTMENT AS SHORT TERM INSURANCE BROKERS

I / We (Full Names in Print / Company Name)

hereby appoint Ngenious Business Solutions (Pty) Ltd Brokers, as my / our

Insurance broker with effect from

, to obtain, manage and maintain my / our short term insurance as agreed upon from time to time.

I / We further accept that :

- This appointment revokes any existing short term insurance broker appointment.
- The revocation of this appointment is subject to 30 days mutual written notice.
- Ngenious Business Solutions (Pty) Ltd will exercise reasonable care and skill in performing this mandate.
- Any change in respect of the risk, underwriting, or personal information relevant to the insurance will be disclosed to Ngenious Business Solutions (Pty) Ltd as soon as possible and Ngenious Business Solutions (Pty) Ltd will not be held liable for any damages resulting from a breach of this duty.

(Name)

(Date)

(Signature)

(Designation)

INSURED INFORMATION

Initials & Surname / Company Name

Identity Number / Company Registration Number

Work Tel :

Cel No :

Email :

Postal Address :

Physical Address :

CURRENT INSURANCE DETAILS

INSURER

POLICY NUMBER