

Broker Appointment Form - Policyholder

IMPORTANT NOTE: Please complete this form in full and submit it to your broker or kaelogap@kaelo.co.za

A Policyholder Details:

Policyholder Name and Surname: _____
 Policy / ID Number: _____
 Telephone Number: _____
 Email Address: _____

B Appointed Broker Consultant:

Name of Brokerage: _____
 Broker House Code: _____
 Name of Advising Consultant: _____
 Telephone Number: _____
 Mobile Number: _____
 Email Address: _____
 FSP Number: _____

 Signature: _____ Effective Date: _____

C Declaration:

All agreements with our previous brokerages have been terminated and the necessary notice periods have been served.

Signature: _____ Effective Date: _____