

To whom it may concern

I/we hereby appoint **Protekma Risk Consultants (Pty) Ltd** as my/our short-term insurance broker with immediate effect and full authority to obtain policy schedules and/or any other documents or information from my/our service providers. This appointment replaces and revokes all previous appointments which may have been in force.

1. CLIENT DETAILS

DATE	
FULL NAME OF INSURED OR BUSINESS	
ID NUMBER/REG NUMBER	
CONTACT NUMBER	
EMAIL ADDRESS	
PHYSICAL ADDRESS	

2. EXISTING POLICY DETAILS

INSURER	POLICY NUMBER	BROKER CODE (FOR OFFICE USE ONLY)

Signed at _____ on this _____ day of _____ 20____

Full Names _____

Signature _____

