



AN AUTHORIZED FINANCIAL SERVICES PROVIDER
License No: 2903 | Reg No: 1996/007339/23

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Kimberley, 8301
P.O. Box 10330,
Beaconsfield, 8315

BROKERS APPOINTMENT

SECTION A: POLICYHOLDER INFORMATION

Full Name			
Identity / VAT No		Cell No	
E-Mail Address		Tel No	
Residential Address			
Postal Address			

☐ I hereby appoint **DARSHA INSURANCE BROKERS CC** as my broker and as such, this will entitle him / her/ them to any future commissions or fees that may become payable in terms of my policy.

Insurance Company	Policy Number

☐ I confirm that I have been shown and understand the contents of the Broker's Disclosure and the Statutory Notice.

GENERAL DISCLOSURE

Please take note of the following disclosure:

Protection of Personal Information Act (POPIA)

Darsha Insurance Brokers cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it

Signature _____

Signed at _____

Policyholder Name _____

Date _____