

For attention: _____

| APPOINTMENT OF BROKER | | | |
|-----------------------|--|-----------|--|
| NAME: | | | |
| ADDRESS: | | | |
| POSTAL CODE: | | DATE: | |
| MOBILE NO.: | | WORK NO.: | |
| HOME NO.: | | FAX NO.: | |
| I.D. NO: | | EMAIL: | |

| TO WHOM IT MAY CONCERN |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>It is hereby confirmed that you are appointed as our insurance broker as from date hereof. This appointment supersedes any other appointments, which may have been in force before this date. You are hereby empowered to request and receive copies of policies or any other documentation or information from Insurers, Brokers and / or Agents, which you may require for the proper execution of our instructions and to deal therewith as required by circumstances. You are further authorised to submit proposals for insurance, amend, replace or cancel any insurance and manage claims on our behalf. Our insurers are hereby authorised to give effect to your request on our behalf in the same manner as if we have made it personally. This appointment remains valid until replaced by an alternative appointment.</p> |

CLIENT SIGNATURE: _____

ON BEHALF OF: _____

| INSURANCE COMPANY | POLICY NO. | AGENCY CODE |
|-------------------|------------|-------------|
| | | |
| | | |
| | | |

For office use:

Referred from: _____ Representative: _____

BELLA ROSA OFFICE

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Unit 1, Mountain View Office Park, 28 Bella Rosa Street, Tygervalley, 7536

PO Box 2706, Paarl, 7620

Authorised Financial Services Provider

MP Insure Pty (Ltd) t/a Stepp | Reg No. 2010/089718/23 | Directors: SJ Nel; MC Dreyer; M Pretorius;

RP Perold; JG Henning