



**APPOINTMENT OF BROKER**

I/We, the undersigned, hereby give permission for the transfer of the following policies to the agency of:

NAME OF BROKER/AGENT: TOTAL RISK SOLUTIONS

BROKERS CODE NUMBER: \_\_\_\_\_

POLICY NUMBERS: \_\_\_\_\_

I, \_\_\_\_\_ hereby confirm that **TOTAL RISK SOLUTIONS is**

Authorized to handle all cancellations, amendments, claims and the appointment of new underwriters on my behalf. This appointment revokes any existing appointment as INSURANCE BROKER(S) AND / OR AGENT(S).

This appointment is subject to **TOTAL RISK SOLUTIONS being** entitled to

Receive payment from the INSURER, after the policy has been placed in the name of the authorized broker and / or agent.

NAME AND ADDRESS  
OF INSURED \_\_\_\_\_

ID NUMBER OF INSURED \_\_\_\_\_

TELEPHONE NUMBERS \_\_\_\_\_

CELLPHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INSURED

\_\_\_\_\_  
DATE SIGNED

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Total Risk Solutions (PTY) LTD is an Authorized Financial Services Provider  
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