

Broker Appointment

This serves to confirm that I/We

ID Number/company Registration Number: have

Appointed **STARS ALIGNED FINANCE (PTY) LTD** as my/our broker and intermediary to manage and maintain my/our Short-term insurance portfolio as mutually agreed from time to time.

This appointment revokes any existing appointment as broker(s) and /or agent(s).

Current Insurer:

Policy Number *Please attached your insurance policy schedule:

Insured contact numbers (c):

(e):

Terms, conditions and disclosures: I/we accept the terms and conditions

Insured signature: Singed and accepted Declined

Date:

Please send this form to the following email address:

brokerapp@starsaligned.co.za



To read our terms and conditions as well as our statutory disclosures please visit the following:

www.starsaligned.co.za