

BROKER APPOINTMENT NOTIFICATION

To whom it may concern,

Change of broker appointment

I, (Principal member/Employer group) of policy number hereby request Ambledown Financial Services to appoint, (Advisor Name) of..... (Broker House) as my authorised Financial Services Provider. I have been properly counseled on the consequences of this letter of appointment and am aware that correspondence pertaining to my policy may be channeled via the advisor nominated above.

This appointment is to come into effect from:20.....

I also understand that I may revoke this appointment, in writing at any time.

Protection of Personal Information Declaration

I hereby consent to (Broker House) providing Ambledown and/or the Insurer my personal information for the purpose of the effective management of my policy, including but not limited to, the administrative functions listed below.

- Processing this appointment;
- Processing of future instructions submitted;
- Communications with me in relation to any matters in relation to my policy.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing, in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from (Broker House) details of any of my personal information Ambledown holds on my behalf and details of how my personal information has been processed.

I understand why my personal information is required and the purpose it will be used and I, hereby, give

..... (Broker House) consent to process my personal information.

Client signature: _____ Date: _____

Designation: _____

Company name: _____ (Where applicable)

Financial Services Provider details:

Representative Name: _____ Representative Code: _____

Broker House: _____ FSP nr: _____

Telephone no: _____ Email address: _____