



Franco Bottari & Associates ^{cc}

SPECIALIST SHORT TERM INSURANCE BROKERS

APPOINTMENT OF BROKER

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

Name of Broker/Agent: **Franco Bottari & Associates cc**

Brokers Code Number:
Policy Numbers:

I/We : _____ hereby confirm that FRANCO BOTTARI & ASSOCIATES is authorised 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 AGENTS.

This appointment is subject to FRANCO BOTTARI & ASSOCIATES being entitled to receive payment from the INSURERS, after the policy has been placed in the name of the authorised broker and/or agent.

Name of Insured:	
Address of Insured:	
I.D. No. or Co. VAT No :	
Telephone Number :	Cell Number:

SIGNATURE OF INSURED

DATE SIGNED



(031) 764 0580



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