**APPOINTMENT AS BROKER AND CLIENT MANDATE TO FIRST RISK AND ADVISORY SERVICES (PTY) LTD t/a FNB BROKERS**

I/ We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby appoint First Risk and Advisory Services (Pty) Ltd t/a FNB BROKERS as my/our intermediary to provide a quotation as well as arrange, manage and maintain my/our non-life insurance as mutually agreed upon from time to time.

I/We accept that: -

1. This appointment revokes any existing non-life insurance broker appointments I may have related to insurance on the specific risk/s FNB Brokers will be providing on non-life insurance solutions for.
2. FNB BROKERS shall execute this mandate with due skill, care, diligence, and expertise.
3. Any change in respect of the risk and underwriting of personal information relevant to the non-life insurance will be disclosed to FNB BROKERS as soon as possible.

FNB BROKERS will not be liable for any loss resulting from my/our breach of this duty.

FNB BROKERS reserves the right to do an insurance ITC check on behalf of the Insurer.

This mandate is applicable to the following non-life insurance cover:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any change in respect of the risk and underwriting of personal information relevant to the insurance will be disclosed to **FNB** **BROKERS** as soon as possible and **FNB** **BROKERS** will not be held liable for any loss resulting from my/our breach of this duty.

**DETAILS OF INSURED**

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAT Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk Address *(complete Annexure A if more than one):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROTECTION OF PERSONAL INFORMATION ACT 4 of 2013**

**Processing Consent (mandatory)**

*I consent that the FirstRand Group (as defined in the FirstRand Group Customer Privacy Notice available on our websites) may obtain and use my/our information from Credit Bureaus and Third-party qualification data providers to:*

* *conduct once off**or ongoing assessments to determine my/our eligibility for and the appropriateness of the ongoing supply of an insurance solution.*

I consent that the FirstRand Group may obtain and share information about me with the South African Fraud Prevention Services for financial crime detection, prevention, and prosecution purposes or if the FirstRand Group believes that I have provided any false and / or misleading information and / or documents to it.

Please note that if you withhold or withdraw this consent, it will impact your application for or ongoing use of this solution. Refer to our FirstRand Group Customer Privacy Notice (available on our websites) for the process on how to withdraw this consent or contact us. If you are a FNB banking client, you can manage your consent, including withdrawing marketing consent, at any time by accessing “My Profile” on our app.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Marketing Consent**

*I give my consent to receive direct marketing from the FirstRand Group (as defined in the FirstRand Group Customer Privacy Notice available on our websites) of all the invest, insurance, transact, credit, telecommunication, rental, and other value-added solutions offered, to be marketed by means of any electronic communications (including fax, email, SMS, MMS etc.).*

*Solutions means any banking, insurance, investment, telecommunications or other products, goods, services, benefits, policies, rentals and rewards you select with the FirstRand group of companies.*

For more information about the FirstRand Group, our solutions and your privacy go to the FirstRand Group Customer Privacy Notice on our website. If you are a FNB banking client, you can manage your consent, including withdrawing marketing consent, at any time by accessing “My Profile” on our app.

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| **Yes** |  | **No** |  |

**Personalised Offers**

*I instruct the FirstRand Group (as defined in the FirstRand Group Customer Privacy Notice on our websites) to obtain and use my information:*

*A. From* ***credit bureaus*** *(including ongoing notifications regarding my credit applications) to:*

* *Conduct ongoing assessments to determine my eligibility for and the appropriateness of future offers for insurance solutions.*

*B. And from* ***third-party qualification data providers*** *to:*

* *Conduct ongoing assessments to determine my eligibility for and the appropriateness of future offers for all FirstRand Group solutions.*

I instruct FirstRand Bank Limited to release my information (including my contact details, demographic information and transaction history on all solutions held) to the insurance areas within the FirstRand Group to conduct ongoing assessments to determine my eligibility for and the appropriateness of offers for any insurance solutions.

|  |  |  |  |
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| **Yes** |  | **No** |  |

***General***

*First Risk and Advisory Services (Pty) Ltd t/a FNB Brokers, FSP no. 52961 provides various financial services in relation to your non-life insurance policy for, or on behalf of yourself, or on behalf of an insurer, or for acting as an intermediary. For these services FNB Brokers is remunerated by way of commission and fees which are either paid by the insurer or yourself. Any commission and fees received are paid in terms of applicable legislation and are disclosed to you.*

***Broker Fees***

*I/We hereby consent and instruct First Risk and Advisory Services (Pty) Ltd t/a FNB Brokers, a wholly owned subsidiary of FirstRand Investment Holdings (Pty) Ltd to charge a broker fee for the provision of additional services for our/my own benefit.*

*Broker fees, like all other fees and commission, will be fully disclosed to you. The deduction and collection of broker fees will be facilitated by FNB Brokers. You may also withdraw consent from us to charge the fee if you do not want to make use of these various services provided. The table below reflects these additional services that we perform in terms of our value proposition to you.*

|  |  |
| --- | --- |
| *Risk advice and risk management services* | *Policyholder consulting* |
| *Facilitation of non-insurance value added products* | *Additional costs incurred to determine the retail value of motor vehicles on the TransUnion system* |
| *Advice outside the ambit of financial products* | *Onsite visits when requested at renewal* |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Yes** |  |  **No** |  |

***Authority to act on behalf of the policyholder***

*Please note that if you are acting on behalf of the policyholder in any capacity, we require a dually signed letter of authority from the policyholder mandating you to act on their behalf.*

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annexure A** *(Additional sheet if client has several risks/ risk items/ assets to cover):*

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