



# QuanWay Insurance Brokers cc

Authorised Financial Service Provider  
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Website www.quanway.com

Insurance Innovated Evolved

Date / / 20

## Brokers Appointment

Name of Insurer .....

Policy Number .....

I, .....hereby appoint Quanway Insurance Brokers to act as my Short-Term Insurance Broker , in all matters relating to placing of Insurance and to attend to all matters which may arise from the handling of the portfolio.

I hereby request that my current Insurers provide policy details and information as well as claims history and any other relevant documentation to Quanway Insurance Brokers.

Thank you for your co-operation,

Signed at .....on the / /20

Full Name .....

Signature .....

Designation .....

