

Permission to obtain information / Broker Appointment / Credit Check

This is a confidential document

Mr/Miss/Mrs _____ Surname _____

ID _____ Contact number _____

Email Address _____ @ _____ . _____ . _____

Current Insurer _____

Current Policy Number _____

Current Advisor/Broker _____

1. **CONSENT**
I/We hereby give consent to obtain my/our current portfolio including claims history from short-term service providers, (This is valid for 60 days from the date signed)
2. **APPOINTMENT**
I/We hereby appoint Arvipro (PTY) LTD (hereafter referred to as **EagleSure**) as my short-term insurance broker to advise/arrange/manage and maintain my/our short-term portfolio as agreed upon from time to time
3. **CREDIT CHECK**
I/We hereby give consent to short-term product providers to perform a credit check with registered credit bureaus, information disclosed ONLY to such service providers for this purpose only (We may not proceed with quotations without section 3)
4. **POLICY CANCELLATION**
I hereby give instruction/consent to EagleSure to cancel on my behalf the current short-term policy.

I/we accept that –

- This appointment, subject to section 2, cancel my/our current policy/broker appointment,
- The cancellation of this appointment is subject to a 30(thirty) day written notice,
- EagleSure will execute this mandate with reasonable care and expertise,
- Any change in your risk, underwriting or personal situation relevant to this will be disclosed to **EagleSure** without delay and that **EagleSure** will not be liable for any damage resulting from non-disclosure.

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Signature of Policyholder or Co-insured