

APPOINTMENT OF NEW BROKER FORM

Kindly note:

Additional documentation may be requested by Hollard Life where required.

Return the completed form and supporting documentation to lifeclientservice@hollard.co.za or fax to 011 547 7777.

SECTION A: POLICYHOLDER INFORMATION

If the policyholder is a company or trust, please ignore this section and complete the applicable addendum.

Policy no.			
Full name			
Identity no.		Cell no.	
Email address		Tel no.	
Residential address			
Postal address			
Employer name		Occupation	
Source of income		Source of wealth	

SECTION B: APPOINTMENT DETAILS

I hereby wish to cancel the arrangement with my previous financial advisor and appoint the following financial advisor:

Brokerage name									
Represented by									
I authorise the above to perform all the necessary acts, including the acquisition of information from Hollard Life, to enable them to effectively provide me with further financial advice.									
This authorisation is effective from		Y	Y	Y	Y	M	M	D	D
I further agree to transfer any commission payable during the period of this appointment to the brokerage nominated above in respect of the following policies:									
Policy numbers									

GENERAL DISCLOSURE

Please take note of the following Hollard disclosures:

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including original or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signed at	_____	Signed at	_____
Date	_____	Date	_____
Policyholder name	_____	Policyholder name	_____
Signature	_____	Signature	_____