**INTERMEDIARY APPOINTMENT AND CONSENT (SHORT TERM)**

**NEVILLE JOHN ROSENSTEIN FINANSIELE DIENSTE CC t/a**

**NJR FINANCIAL SERVICES**

***An Authorised Financial Services Provider***

**1. Personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full names of client** |  | | | |
| **ID number** |  | | | |
| **Acting in personal capacity** | **Yes** |  | **No** |  |
| **Representing:** |  | | | |

**2. New intermediary details**

|  |  |
| --- | --- |
| **Intermediary name** |  |
| **Intermediary code** |  |
| **Intermediary contact number** |  |
| **Intermediary email address** |  |

**3. Policyholder details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Initials** | **Surname** | **Date of birth** | **Short-term Insurer** | **Policy number** |
|  |  |  |  |  |
|  |  |  |  |  |

**4. Consent for insurance credit score**

**To help the insurer to underwrite and administer your policy we need your consent to get an insurance credit score.**

In considering claims for benefits under a policy related to this or another proposal you made for insurance, for you or any member of your family, you give the short-term insurer the right to:

* Get information from any credit bureau about your, or any member of your family’s, credit worthiness **on an ongoing basis**.
* Share policy and claims-related information with other short-term insurers, contracted service providers and industry associations.

I understand that this consent may possibly have a restricting influence on my right to privacy.

**5. Authorisation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am duly authorised to appoint the intermediary mentioned in the above, to act as intermediary/agent on our/my behalf for the purpose of all my/our dealings with the short-term insurers concerned.

Signed at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

|  |  |
| --- | --- |
| **Policyholder signature** |  |
| **Contact number** |  |
| **Email address** |  |
| **Appointed intermediary’s signature** |  |