

LETTER OF ENGAGEMENT
Ambiton Financial Services (Pty) Ltd

Client Name:		Spouse Name:	
ID Number:		ID Number:	
Risk Address:		Postal Address:	
Company Name:			

AUTHORITY

I hereby authorise Ambiton Financial Services (Philip Putziger, Hester Douglas, Matthys Jonker, Vanessa Strydom, Kevin O’Dea, Simone Saunders, Janine Viviers) to obtain all information in respect of my policies held at specified /various institutions. I understand that this gives the broker the right to obtain my information in order to analyse it, make recommendations and draw quotations.

Client Signature: _____ Date: _____

APPOINTMENT

I hereby appoint Ambiton Financial Services (Philip Putziger, Hester Douglas, Matthys Jonker, Vanessa Strydom, Kevin O’Dea, Simone Saunders, Janine Viviers) as my broker and as such entitle them to obtain all information in respect of my policies held at various / specified institutions in order to analyse it, make recommendations, draw quotations and place the business on my behalf. This will entitle Ambiton Financial Services to all future commission / agreed fees that may become payable in terms of the various policies.

Client Signature: _____ Date: _____

Action required:	Authority to Investigate	Appointment	Analysis	Not Applicable
• Personal short term insurance				
• Commercial short term insurance				
• Risk: Life / Dread disease /Disability Cover				
• Income Protection				
• Estate Planning				
• Investments/ Savings				
• Retirement Planning				
• Business Assurance				
• Medical Aid				

Current policy information:

Insurance Company:		Policy Number/s:	
Insurance Company:		Policy Number/s:	
Insurance Company:		Policy Number/s:	

Confidentiality

During the course of rendering services to the client, Ambiton Financial Services will have access to confidential information. It is our undertaking that we will not impart this information to any third parties, unless with specified permission of the client or if required to do so by law.

Sharing of information / credit checks

I hereby give Ambiton Financial Services permission to share my information with the various insurers in order to obtain my information, premiums, claims history, draft quotations and place business. I am also aware that the Insurers share information with each other in terms of underwriting, claims, and other statistics on various databases. I agree that the Insurer, who will underwrite my business, can do a credit check, should the Insurer need to do so.

I confirm that I understand the above and that this agreement shall remain in force until cancelled by myself in writing:

Client Signature: _____ Date: _____

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www.ambiton.co.za

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Ambiton Financial Services (Pty) Ltd / Reg.No.1995/006574/07 / VAT No.4840180410 / Authorised FSP 8777
Ambiton Medical Health Services (Pty) Ltd / Reg.No.2002/005560/07 / Authorised FSP 8776