

BROKER APPOINTMENT FORM

Date: _____

To: _____
Name of Insurance Company

Address

Subject: Appointment of Insurance Broker

POLICY NUMBER(S)

With effect from the date above, I/we appoint **Lashley Financial and General Services Inc** as my/our Insurance Brokers in respect of all my/our insurances.

Please amend your records accordingly and forward all details of my/our insurance(s) to my brokers.

Grateful for your immediate attention.

Yours sincerely

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Signature

.....
Print Full Name