

# THE BERNAL GROUP

FOR ALL YOUR  
FINANCIAL  
NEEDS

## BROKER APPOINTMENT

Name of Broker/Agent: \_\_\_\_\_

Broker Code Number : \_\_\_\_\_

Policy Numbers: \_\_\_\_\_

I \_\_\_\_\_ hereby confirms that : **MARK J RIDSDALE and MALTHI KRISHNA**  
NAME OF INSURED APPOINTED BROKERS /AGENTS

Authorized to handle all cancellations, amendments, claims and obtain any information on my insurance portfolio.  
This appointment revokes any existing appointment as INSURANCE BROKERS AND / OR AGENTS.

Name and Address of insured: \_\_\_\_\_

ID Number of Insured: \_\_\_\_\_

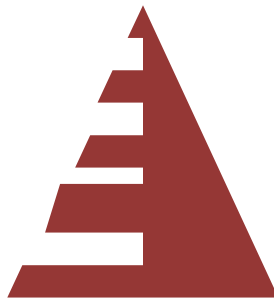
Contact Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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SIGNATURE OF INSURED

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DATE SIGNED



**THE BERNAL GROUP CC**  
Reg No: 2009/115468/23 FSP No: 40853

PO BOX 4067, OVERPORT, DURBAN, KZN, 4067 Phone: 031-563 6335 / 031 563 2588 Fax: 086 634 3289

Email : [mark@bernalbrokers.co.za](mailto:mark@bernalbrokers.co.za)  
[admin@bernalbrokers.co.za](mailto:admin@bernalbrokers.co.za)

MEMBERS: MARK J RIDSDALE