



APPOINTMENT OR CHANGE OF AGENT/ BROKER FORM

Name of Customer:

Postal Address:

ID or passport, certificate of registration number.....

Category of business: ☐ Medical, ☐ Pensions, ☐ Life, ☐ General business (Tick as appropriate)

Name of Commission earning Agent / Broker:

Agent / broker Address and contacts:

Date:

Business classification: New, Renewal (Tick as appropriate)

Previous Intermediary: ☐ Direct, ☐ Agent ☐ broker (Tick as appropriate)

If Intermediary, Name.....

Period of current insurance:

Reason(s) for change of agent / broker:

Reason for appointment of agent for previously direct business:

.....
This is to confirm that is the appointed agent/ broker in relation to our corporate account.

Signed by: Name..... Date:

Chief Executive Manager / Finance Manager / Authorised Signatory

Affix corporate stamp.....

For Official use only

Received by Jubilee Insurance Company of Kenya on:

Received by:

Agent / broker registration number:

Authorized by Name.....Position.....

Signature.....Date: