

BROKER REGISTRATION FORM

NAME OF BROKERAGE : _____

OWNERS NAME : _____

CELL NUMBER : _____

OFFICE NUMBER : _____

E-MAIL : _____

OFFICE ADDRESS : _____

SIGNATURE : _____ DATE _____

UPON ACCEPTANCE & RECEIPT OF YOUR Broker-BREAKS REGISTRATION / ACTIVATION FEE OF R600,00, YOU MAY THEN DOWNLOAD & MAIL THE PDF FLEXIBREAKS PAMPHLET TO YOUR POLICY HOLDERS ADVISING THEM OF THEIR NEW FANTASTIC FREE Broker-BREAKS BENEFIT. **click on the client pamphlet PDF button (thereafter a R600 payment is due monthly to Flexibreaks by the 1st of every month)**

SUMMARY: *The broker will offer a FREE Flexibreaks membership to his or her client base and only pay Flexibreaks an amount of R600.00 per month for your total policy holder data base. Your client simply phones our central reservations, books, saves and enjoys his/her holidays.*

This agreement applies for a period of 1 (one) year from date of first payment to Flexibreaks. Each broker will be required to make a monthly EFT payment not later than the 1st of every month into Flexibreaks Nedbank account, as follows. No service will be offered on late or no monthly payments.

ACCOUNT NAME: FLEXIBREAKS
NEDBANK / ACC NO. 109 252 8881
BRANCH CODE. 193642
CHEQUE ACCOUNT (* Your payment reference will be your brokerage name)

Regards,

MARK WEBB

CEO

Cell. 082 8515607

Office. 011 9742626

**** Please complete above and e-mail to info@flexihms.co.za with proof of your payment.**