018 633 1502
082 457 9840

PO BOX 523
Ventersdorp, 2710

navrae@nwk4sure.co.za

Letter of Authority

We/I, _____ authorize **NWK4SURE Brokers (Pty) Ltd** to obtain all information which they might request regarding our/my insurances, and claims history where my interests are vested. Also to quote on my existing policy.

Company:

1. _____
2. _____
3. _____

Policy Holder:

1. _____
2. _____
3. _____

Name: _____

ID nr: _____

Cell phone nr: _____ Work nr: _____ Fax nr: _____

Physical Address: _____

_____

_____

P.O Box Address: _____

_____

_____

Signed at _____ on _____ 20__

This authorization in no way constitutes the appointment of **NWK4SURE Brokers (Pty) Ltd** as our/my insurance broker.

_____

Client name