

8 Pierre str  
Lezmin Building  
Bencor  
Polokwane  
P.O. Box 504  
Fauna Park  
0787  
Tel: 087 232 8860  
Fax: 086 620 0174  
**Underwriting Office**

Authorised Financial Service Provider FSP No 39835



70 Commissioner str  
Kempton park 1619  
P.O. Box 6230  
Birchleigh  
Kempton park 1621  
Tel: 087 232 8856  
Fax: 011 394 7990

**Claims Office**

## LETTER OF AUTHORITY

### TO WHOM IT MAY CONCERN:

#### 1. Authorisation to request information.

*I, the undersigned* \_\_\_\_\_

*Identity Number* \_\_\_\_\_

*Telephone Number* \_\_\_\_\_

*Hereby Authorise* \_\_\_\_\_ *or any member of his/her staff to obtain any information on my behalf regarding my assurance – and/or investment portfolio, and any of my employee benefits, from any life office, retirement fund or other financial institution.*

#### 2. Appointment of new official care intermediary

*I further request the financial instructions with whom* \_\_\_\_\_ *has a sales agreement, to indicate him/her on their records as my official care intermediary.*

*I have been properly counselled on the consequences of this Letter of Appointment.*

*This appointment, may be revoked by me in writing at any time.*

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Intermediary Information.

*Name:* \_\_\_\_\_

*Code:* \_\_\_\_\_

*Telephone No:* \_\_\_\_\_

*Fax:* \_\_\_\_\_

*E-mail:* \_\_\_\_\_

**NB!! ANY CHANGES MUST BE INITIALLED BY THE CLIENT!!**