



Entin

CK 85/02456/23



Insurance Brokers CC

Authorised Financial Services Provider

Licence No: 13225

Tel: 011 660 6331 • Fax: 011 660 8904 • E-mail: admin@entin.co.za

AUTHORISATION

I, _____ hereby authorize ENTIN INSURANCE BROKERS cc access to all details pertaining to my cover, insured amounts and the claims history of my insurance portfolio.

I request ENTIN INSURANCE BROKERS cc to use this information as part of their risk analysis with the aim of presenting alternative quotations and/or cover suggestions.

This authority applies to:

INSURED	INSURER	PERSONAL/COMMERCIAL	POLICY NUMBER

This authority does not constitute an appointment of broker and does not allow ENTIN INSURANCE BROKERS cc to amend any of the above policies, in any way.

By signing this authority, I confirm that I am mandated to do so, on behalf of any juristic entity that is covered by any of the policies listed above, or by any private individual that may have an interest in any of the objects of insurance.

SIGNATURE

NAME: _____

ADDRESS: _____

DATE

ID NO _____

TEL NO _____

CELL NO _____