

LETTER OF AUTHORITY

SECTION A: POLICYHOLDER INFORMATION

Full Name			
Identity / VAT No		Cell No	
E-Mail Address		Tel No	
Residential Address			
Postal Address			

I hereby grant permission for full policy schedules reflecting ALL premiums, cover, excesses, warranties and conditions as well as claims history to be made available to DARSHA INSURANCE BROKERS.

Insurance Company	Policy Number

GENERAL DISCLOSURE

Please take note of the following disclosure:

Protection of Personal Information Act (POPIA)

Darsha Insurance Brokers cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it

Signature _____

Signed at _____

Policyholder Name _____

Date _____