



Email : admin@ngenious.co.za

Business Solutions.

## Ngenious Business Solutions (Pty) Ltd

### LETTER OF AUTHORITY AND CONSENT

I / We (Full Names in Print / Company Name)

hereby authorise Ngenious Business Solutions (Pty) Ltd Brokers to obtain all relevant information, including but not limited to :

- Policy Schedules
  - Reflecting all present Policy Terms, Conditions and Clauses
- Claims Experience & Loss History
- Renewal Terms - Present and Upcoming

on my /our behalf with regards to my / our Short Term Insurance portfolio with any Insurer / Financial Institution

This Authorisation is granted for the period :

1. FROM : \_\_\_\_\_ TO : \_\_\_\_\_ or
2. Until it is revoked by me / us in writing.

( Name )

( Date )

( Signature )

( Designation )

### INSURED INFORMATION

Initials & Surname / Company Name

Identity Number / Company Registration Number

Work Tel : \_\_\_\_\_

Cel No : \_\_\_\_\_

Postal Address :

Physical Address :

### CURRENT INSURANCE DETAILS

INSURER	POLICY NUMBER