

To whom it may concern

I/we hereby give authorisation to **Protekma Risk Consultants (Pty) Ltd** to evaluate my/our insurance portfolio and to obtain policy schedules and/or any other documents and information from my/our current service providers.

1. CLIENT DETAILS

DATE	
FULL NAME OF INSURED OR BUSINESS	
ID NUMBER/REG NUMBER	
CONTACT NUMBER	
EMAIL ADDRESS	
PHYSICAL ADDRESS	

2. EXISTING POLICY DETAILS

INSURER	POLICY NUMBER	BROKER CODE (FOR OFFICE USE ONLY)

Signed at _____ on this _____ day of _____ 20_____

Full Names _____

Signature _____

