

LETTER OF INVESTIGATION/MANDATE AS INSURANCE BROKERS

DATE:

TO WHOM IT MAY CONCERN:

Please read, date, and sign the letter to give us your mandate to provide your personal information to other parties if essential and in your best interest for insurance purposes. This may be to obtain quotations, place new business with Insurers, handle claims or obtaining material information regarding your risk and the placement thereof. The information is mandatory to enable us to full fill your insurance needs and to adhere to the Protection of Private Information Act. (POPIA enacted June 2021)

Please complete:

I, the undersigned hereby appoint Elna Rudman Brokers cc, FSP No 5186, hereinafter referred to as Elna Rudman Brokers, to investigate, amend, place or handle claims on our insurance portfolio on our behalf. This will include sharing personal information if needed and deemed necessary.

Elna Rudman Brokers is hereby authorized to obtain all risk and claim(s) information relevant to our insurance portfolio from existing insurers and to provide all information needed to deliver a fair quotation/outcome of a claim or to place new business with the company of my choice or to amend my existing policy upon my request on my behalf.

Elna Rudman Brokers is further hereby authorized to investigate all aspects of our insurance portfolio and to obtain terms on our behalf.

We confirm that this appointment is to remain in force until cancelled by us in writing or if business is not taken up/cancelled by us. If you have any questions, please feel free to contact us.

Yours faithfully,

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For or on behalf of (Company or person)

Designation as Duly Authorised Person: (i.e. policy holder, Director etc.)

Company/CC Registration number if applicable:

Duly signed by: this day of:20.....

At:

***** (This document may be signed electronically by the policy holder) *****