

# CLIENT DETAILS UPDATE FORM

## Underwriting Department



SINCE  
**87**



Broker:

Policy no:

Please complete this form digitally and return to your broker.

Fax: 033 264 8501 | [uw@safireinsurance.com](mailto:uw@safireinsurance.com)

Title:

Insured full name:

Company reg. no / ID no:

VAT no:

Contact person:

Occupation:

Type of business:

Payment frequency:  Annual  Quarterly  Monthly

### Contact details:

Telephone number (h):  Telephone number (w):

Cell number:  Fax number:

Email address:

### Addresses:

Postal address:

Postal code:

Physical address:

Authorised signatory:

Signature of authorised person:  Date:

Company stamp (if applicable):

If the insured is a company / close corporation / trust, please attach a copy of the resolution authorising you to sign on behalf of the company / close corporation / trust.

By submitting this document you consent to **Safire Insurance Company Limited** collecting and storing your information at your request and Safire may distribute said information for the purpose of fulfilling our role as your insurer. **Safire Insurance Company Limited** will ensure your information is kept confidential and will only be used for the express purpose of insurance processes directly related to your policy / claim.

### For official use only:

Date received:

System update date:

Underwriter: