



# Safire Insurance Company Limited

## Consent for Safire to Disclose Insurance Information



SINCE  
**87**

### Insured details

Policy reference: \_\_\_\_\_

Insured's name: \_\_\_\_\_

Identity no: \_\_\_\_\_

Company / CC reg. / Trust no: \_\_\_\_\_

Represented by: \_\_\_\_\_

Designation: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Fax no: \_\_\_\_\_

Cell phone no: \_\_\_\_\_

Email address: \_\_\_\_\_

I, the undersigned, hereby consent and authorise Safire Insurance Company Limited to share information regarding the above insurance policy, as well as the claims history of the insured, with:

\_\_\_\_\_ (please specify)

Represented by:

\_\_\_\_\_ (please specify)

Authorised signatory \_\_\_\_\_

Date \_\_\_\_\_

*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.*