



### 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.*