



### Policy details

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

Policy held with Insurer:  
*(please specify)* \_\_\_\_\_

### Insured details

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 obtain underwriting and claims information relating to the above insurance policy from the abovenamed insurer.

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.*