

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

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: