LETTER OF AUTHORITY

I, _____

Date of Birth: ☐☐ ☐☐ ☐☐☐☐

ID Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Residential Add: ☐

☐

Tel. No. (h): ☐ ☐☐☐☐☐☐☐

Tel. No. (w): ☐ ☐☐☐☐☐☐☐

Cell No: ☐☐☐☐☐☐☐☐☐☐

Hereby give consent to any financial institution or employer in possession of information regarding my insurance-, investment- and employee benefits portfolio to release that information upon request to **Mr. J.J. Linde and/or Marleina van Heerden and/or Amy Taylor** who are, in terms of this document, entitled to request it.

_____ _____

Client signature ***Date***

	Company Name:	**Policy number:**
1.	.....	☐☐☐☐☐☐☐☐☐☐☐☐☐
2.	.....	☐☐☐☐☐☐☐☐☐☐☐☐☐
3.	.....	☐☐☐☐☐☐☐☐☐☐☐☐☐
4.	.....	☐☐☐☐☐☐☐☐☐☐☐☐☐
5.	.....	☐☐☐☐☐☐☐☐☐☐☐☐☐