



## LETTER OF CONSENT

I, the undersigned,

Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

hereby authorise **JWR Risk Services (Pty) Ltd** to:

- obtain information regarding the status of my/ our current policy, including the policy schedule, claims history and any other information which they might require about my/ our insurance from any short term insurance company, broker or financial institution.
- have ITC credit check done by the short term insurance company from which they request a quotation on my/ our behalf.

This consent will be valid for 90 days from the date of signature.

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Insured: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Surname

\_\_\_\_\_  
Date

### Details of the brokerage

JWR Risk Services (Pty) Ltd

FSP No: 38552

Tel No: 021 914 0818

Email: reception@jwr.co.za