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Mandate

(This is a permission to access information and is not an appointment.)

I, the undersigned _____
 (Full name of insured/ authorised signatory)

hereby authorise the following insurers to supply policy information (including premiums and claims) of the insured parties below to Investa Financial Services (Pty) Ltd, or an associated financial services provider. See "Instructions" below.

The following policy / policies are applicable:

All Insurers during the past 3 years are specified for purposes of claims history.

Policy number(s)	Insurance Co

Names of insured parties:

Address of insured parties: _____

ID number: _____ Telephone: _____

Information about the business of the insured:

	Number	Lowest & highest salary pm	Total salaries pm
Admin staff			
Labourers			
Total			

Last 3 year ends	DD/MM/YY.....	DD/MM/YY.....	DD/MM/YY.....
Turnover for year			

Instructions to Insurance Company. Please forward information to :

Authorised financial service provider	
E Mail address:	
Fax no:	
Tel no:	

The Financial Services Provider, specified in “Instructions to Insurance Company”, is authorised to share the insurance information with Investa Financial Services (Pty) Ltd.

Signature of authorised signatory

Date