



Head Office
Tel.: +27 (0)21 551 5069
bcorp@addsure.co.za

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN:

1. Authorization to request information.

We the undersigned,

Representing: _____ **BODY CORPORATE / HOA**

Existing Insurer / Policy No.: _____

Managed by: _____

M/Agent Tel. No. / e-mail: _____

hereby authorize Addsure or any member of their staff to obtain any information on our behalf regarding my/our insurance – buildings combined policy – current position and historic information.

This authorization shall remain valid until cancelled by us in writing.

Client signature

(for and behalf of BODY CORPORATE / HOA)

Date
