



FSP No: 45487  
Po Box 31053, Moreskof, 9462

## LETTER OF AUTHORIZATION

I, We the undersigned, hereby give authorization to give CTS-Brokers access to the cover, insured amounts and claims history of my portfolio with the aim of compiling a quotation and/or presentation.

With this I also give CTS Brokers (PTY) LTD the authorization to collect my personal information to use and sent it to insurance companies to ensure that a complete and correct service will be rendered to me involving my short-term / long-term insurance /medical aid / investment services with the understanding that this information will be protected as required by the POPIA act.

In the instance you do not want to disclose the following information please mark here:

The following information applicable to my personal information is as follows:

**Insured** .....

**Address** .....

.....

**ID Number** .....

**Contact number** .....

**Policy number for current policy** .....

(Please note that this letter of authorization is not a letter of appointment)

.....

**Signature of Insured**

**Date**

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**Klerksdorp Branch – Head Office.**

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