



LETTER OF AUTHORISATION

(PLEASE NOTE THAT THIS LETTER OF AUTHORISATION IS NOT A LETTER OF APPOINTMENT)

I, _____ hereby give
NAME OF INSURED

DN Makelaars access to the cover, insured amounts
claims history of my portfolio with the aim of compiling a quotation or
presentation.

THE FOLLOWING POLICY/IES ARE APPLICABLE

POLICY NUMBER/S: _____

SIGNATURE OF INSURED

DATE SIGNED

NAME AND ADDRESS OF INSURED: _____

ID NUMBER: _____

TELEPHONE NUMBER: _____ **CELL NUMBER:** _____