

I give permission to obtain all relevant inform	ation on my policy and quote
I hereby appoint Sonja Vos Brokers CC as my portfolio	broker (9838/484) for handling of my insurance
Company Name:	
Contact Person:	
Address:	
ID number:	
Work Tel:	
Fax Nr:	
Cell:	
Email:	
Insurance Company:	
Policy number:	
CLIENT SIGNATURE	DATE

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