

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

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