

CONSENT TO OBTAIN POLICY INFORMATION FORM

(To be completed by the policy owner)

Details of life insured

Full name _____
 Identity no. _____ Policy no. _____
 Tel. no _____ Cell no. _____
 Email _____

Details of policy owner

Full name _____
 Identity no. _____ Policy no. _____
 Tel. no _____ Cell no. _____
 Email _____

Consent to obtain information

I/we, _____

as the owner/s of the abovementioned policy agree that:

Full name _____
 Identity no. _____ Policy no. _____
 Tel. no _____ Cell no. _____
 Email _____

is my representative and is allowed to make enquiries on, and access information regarding the above mentioned policy/ies.

Certified copies of ID documents for both policy owner and representative need to be submitted with this form.

This consent does not authorise the above mentioned representative to receive any payments from Hollard Life on my behalf, or grant them permission to transact the above mentioned policy/ies on my behalf.

This consent is only valid for 12 months from the date of signing this form.

Signature (life insured) _____ Date

D	D	M	M	Y	Y	Y	Y
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Signature (policy owner 1) _____ Date

D	D	M	M	Y	Y	Y	Y
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Signature (policy owner 2) _____ Date

D	D	M	M	Y	Y	Y	Y
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