



FSP No: 45487  
Po Box 31053, Moreskof, 9462

**MAGTIGINGSBRIEF**

(Let daarop dat hierdie magtigingsbrief nie 'n aanstelling is nie)  
Hiermee gee ek/ons die ondergetekende toestemming om aan CTS-Brokers insae te gee in die dekking, versekerde bedrae en die eise geskiedenis van my/ons portefeulje met die doel om 'n kwotasie en/of voorlegging op te stel.  
Die volgende is van toepassing:

**Versekerde** .....  
**Adres** .....  
.....  
**ID Nommer** .....  
**Kontaknommers** .....  
**Polisnommer** .....

.....  
**Handtekening van Versekerde** ..... **Datum** .....

**LETTER OF AUTHORIZATION**

(Please note that this letter of authorization is not a letter of appointment)  
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.  
The following is applicable:

**Insured** .....  
**Address** .....  
**ID Number** .....  
**Contact number** .....  
**Policy number** .....

.....  
**Signature of Insured** ..... **Date** .....

**Klerksdorp Branch – Head Office.**

Corpus Novem Park 84  
35B Dr. Yusuf Dadoo  
Wilkoppies  
Klerksdorp  
2571  
Tel no: 0861 333 403

**Welkom Branch**

8 Opperman Street  
Jan Cilliers Park  
Welkom  
9459  
Tel no: 0861 333 403  
Fax no: 018 468 7555

---

Fax no: 018 468 7555