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To whom it may concern:

1. AUTHORISATION TO REQUEST INFORMATION:

I, _____

Identity number: _____

Telephone number: _____

Here by authority **ROBERTA ROSSOUW – AMUCUS BROKERS CC**

and / or her staff _____

to obtain any information on my behalf regarding my assurance/investment/employee benefits from the Financial Institution(s) listed below:

This consent, as mentioned in (1) above, is valid for 60 calendar days from the date of signature.

Assurer/Financial	Policy/Investor Number	Signature of Policy Owner

Signature: _____ Date: _____

AUTHORITY TO APPOINT NEW SERVICING INTERMEDIARY:

I further request that the Institution with whom **ROBERTA ROSSOUW-AMUCUS BROKERS CC** has a sales agreement, to obtain her on their record as my servicing intermediary. She has informed me of the consequences of this letter of authority.

This appointment as described in (2) above may be revoked by me in writing at any time.

Signature: _____ Date: _____

INTERMEDIARY: R ROSSOUW

Signature: _____ Date: _____

NB: Any changes to this document must be initialed by the policy holder.

BROKER CODES:

Sanlam: 089192	Discovery Invest: 103 142 6339	Resolution Health: 138700
Old Mutua:l 707470	Altrisk: Amucus Makelaars	Resolution Life: 0276
Old Mutual International: B7217698	AIMS: 00189533 Amucus 00189272	Resoulution Underwriters: 0238
Momentum 670127 Amucus(28791)	Medihelp: 1014	Allan Gray: B816
PPS: 9767660	Liberty: 3640099280002	ABSA Lewens: 810096
Discovery: 103 142 6339	Liberty Active: 0072158520000	Investec: 401 793 Amucus 401791