

Authorization form

**PSK Consult
PO Box 82079, Doornpoort
Tel 012 547 3769**

**Information can be faxed to 086 576 3603
Or emailed to skemp@bluecare.co.za**

To the one concerned

Authority to obtain information.

I, the undersigned, _____

ID Number: _____

Telephone number: _____

Authorize PS Kemp from PSK Consult, FSP nr 25405 to obtain any information regarding my insurance, and or investment portfolio or employee benefits, from any life insurance company or provider there off or from my employers Human recourses department.

This authorization is valid for 180 days.

Client Signature

Date

Authority to change the Broker and Broker code on the clients policy/'s.

I Authorize PS Kemp from PSK Consult, FSP nr 25405 to take change the broker code on my policies, insurance portfolio to his code to be my financial advisor.

Client Signature

Date: _____