

Authorization form

**PSK Consult
PO Box 82079, Doornpoort
Tel 082 494 5624**

**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: _ _____

Email Address: _____

I Authorize PS Kemp from PSK Consult, FSP nr 25405 to obtain any information regarding my insurance plan (s) from you.

I authorize PS Kemp from PSK Consult to request my insurance claim history from you.

This authorization is valid for 180 days.

Client Signature

Date

Companies I have life Insurance and Investments with:

- Liberty Life
- Momentum
- Discovery Life
- Sanlam
- Old Mutual
- FMI
- Hollard
- Platinum Life
- Other: (Give there Names)_____