

For attention: _____

INFORMATION MANDATE			
NAME:			
ADDRESS:			
POSTAL CODE:		DATE:	
MOBILE NO.:		WORK NO.:	
HOME NO.:		FAX NO.:	
I.D. NO:		EMAIL:	

TO WHOM IT MAY CONCERN

We hereby appoint **STEPP** to investigate the full spectrum of our portfolio.
 You are kindly requested to make the following information available to them, enabling them to perform their duties satisfactorily.

- ❖ Latest policy schedules including the premiums, extent of coverage indicating special conditions and terms
- ❖ Complete claims history for the past 3 years or any other information available
- ❖ Confirmation of the validity of SASRIA

CLIENT SIGNATURE: _____

ON BEHALF OF: _____

INSURANCE COMPANY	POLICY NO.	AGENCY CODE

For office use:

Referred from: _____ Representative: _____

ATLAS GARDENS OFFICE

T +27 21 556 0027 | F +27 21 556 9286 | stepp.co.za

17 Sycamore Crescent, Atlas Gardens, Contermanskloof Road, Contermanskloof, 7441 PO Box 16005, Panorama, 7506

Authorised Financial Services Provider

PCFA Pty (Ltd) t/a Stepp | Reg No. 2003/027138/07 | Directors: RP Solomon; VG Solomon; D Cairns