

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 (PTY) LTD** 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: _____

BELLA ROSA OFFICE

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Unit 1, Mountain View Office Park, 28 Bella Rosa Street, Tygervalley, 7536

PO Box 2706, Paarl, 7620

Authorised Financial Services Provider

MP Insure Pty (Ltd) t/a Stepp | Reg No. 2010/089718/23 | Directors: SJ Nel; MC Dreyer; M Pretorius;

RP Perold; JG Henning