



REQUEST FOR VALUATION

I,(the client) with I.D. number..... in my personal capacity or, where applicable, as authorised representative of and on behalf of,..... with registration number....., hereby authorise and give consent to Polinvest CC or any nominated representative to request any relevant information on my behalf and to do a proper valuation of my insurance portfolio. I acknowledge further, that this request will remain effective until the valuation is finalised or a maximum period of seven days. This Request for Valuation is for information purposes only and does not grant the bearer hereof any additional powers to act without my written consent thereto.

INSURANCE COMPANY

POLICY NUMBER

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SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____

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FULL NAME(S) & SURNAME OF CLIENT

X

SIGNATURE

.....

FULL NAME(S) & SURNAME OF THE ADVISER / EXECUTOR OF ESTATE (DULY AUTHORISED THERETO)

X

SIGNATURE

Please return the completed request via facsimile or email

FAX: 086 5275 897 or 086 5275 895

EMAIL: valuation@polinvest.co.za