



MINDFUL INSURANCE & RISK MANAGEMENT SERVICES

Minding Your Risks is Our Business

LETTER OF AUTHORIZATION TO ACT AS A BROKER

TO WHOSOEVER IT MAY CONCERN

This letter confirms that I/we have authorized MINDFUL INSURANCE & RISK MANAGEMENT SERVICES LIMITED to act as my/our insurance broker with immediate effect.

This concerns my Company Named _____

Address:

This concerns me personally -name (s) _____

Address: _____

This authority replaces and revokes any previous authorities given, or implied, to any agent or broker previously handling our business whose name is as under:

(Name of agent, broker or insurance company)

Please transfer my/our business as he directs and provide him with any information or assistance as he may advise.

Signature of the Client: _____ Date _____

Name of Client/Company: _____

Address _____

We need to bring the following to your attention according to the Privacy Act 1993:

- I. This authorization letter authorises MINDFUL INSURANCE & RISK MANAGEMENT SERVICES LIMITED to collect information about you,
- II. This authorization letter enables MINDFUL INSURANCE & RISK MANAGEMENT SERVICES LIMITED to distribute information to interested parties for the purpose of risk evaluation, underwriting or the noting of financial interest
- III. The information is collected to assess the insurance risk you seek,
- IV. The information is being collected and held by MINDFUL INSURANCE & RISK MANAGEMENT SERVICES LIMITED
- V. The recipient of the information is MINDFUL INSURANCE & RISK MANAGEMENT SERVICES LIMITED
- VI. You have rights of access to, of correction of, this information subject to the provisions of the Privacy Act 1993.