



Unit 43 | Norma Jean Square | 244 Jean Ave | Centurion | 0157  
P.O.Box 8391 | Centurion | 0046

## LETTER OF APPOINTMENT

**Effective date**

I/we do hereby appoint Safeway Risk Solutions to handle my/our short term insurance portfolio with effect from:	
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**This appointment is in respect of the following policy(s) detailed;**

<b>Insured</b>	
<b>I.D. / Company reg number</b>	
<b>Current insurer(s)</b>	
<b>Policy Number(s)</b>	

**Please forward any request on my Insurance or Claims history to them.**

**Client Signature**

.....

**Dated**

.....of .....20.....

T: 012 640 4015 | info@safewayrs.co.za | [www.safewayrs.co.za](http://www.safewayrs.co.za)  
| Reg: 2014/063590/07 | FSP: 49563

Makgatho P | Managing Director • Chipuriro S | Non-Executive Director