



total risk solutions

TO INVESTIGATE

To Whom It May Concern

I am / we are granting permission to

Total Risk Solutions (PTY) LTD (FSP No. 46771)

To investigate, report and provide quotations on my / our Insurance Portfolio.
(It is hereby noted that this is not a Letter of Appointment)

Please furnish Total Risk Solutions with all information and documentation that may require to properly discharge their duties.

Signature: _____ **Date:** _____

Effective Date	
Name	
ID Number	
Address	
Telephone No	(h) (w) (Cell)
Insurer/s	
Policy Number / s	

Total Risk Solutions (PTY) LTD is an Authorized Financial Services Provider
Company Reg No: 2015/132866/07 | FSP License No: 46771
TEL: 031 309 1891 / 061 527 6023
102 Crescent Street, Crescent Towers, First Floor, Office 7, Overport, Durban, 4091
Directors: Farhana Sheriff Uddin / Yaseen Ally