

Authorisation to access policy



What is the purpose of this form?

Use this form to authorise additional persons to manage your insurance policy with Protecta on your behalf. The person(s) you nominate here will be allowed to talk to Protecta about all aspects of your policy, and to make changes to your policy. The details you provide below (their name, relationship to you, and their date of birth) will be used by Protecta to verify who they are before allowing them to access to your policy with us.

Please note: Should you wish to remove someone's access to your policy, please **call us on 0800 776 832** and advise us of the changes.

How to use this form

1. Please complete all requested details below, for each of the persons you wish to give authority over your policy. We require all fields to be completed for each person so that we can verify their identity when they call. Please note: these fields can be typed into.
2. Print the form off and sign and date it. This is important; we cannot accept this form unless it is signed by the policyholder.
3. Return the form to us by any of the contact methods listed at the bottom of this page.

Authorisation for Policy Number _____ for vehicle _____

I, _____, authorise the following person(s) to make any changes on my insurance policy above and all future policies that I may have with Protecta Insurance.

Full name	Date of birth	Relationship to me

Signed (policyholder),

_____ Date: _____

Email: contact@protecta.co.nz * **Fax:** (09) 379 6779 * **Phone:** 0800 776 832

Post: Protecta Insurance, PO Box 37-371, Parnell, Auckland 1151