

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 will be used by Protecta to verify who they are before allowing them to access 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 the person 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 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:
Address:	
Phone:	Password:
Relationship to me:	

Signed (policyholder),

_____ Date: _____