

# MANDATE

I \_\_\_\_\_  
(insert your full names)

In my capacity as (*tick one*):

- Policyholder
- Beneficiary
- Successor-in-title
- Executor of the deceased estate \*

Hereby authorise the following person:

\_\_\_\_\_  
(insert the full name of the person you are authorizing to act on your behalf) \*\*

to deal, on my behalf, with my complaint lodged at the Ombudsman for Long-term Insurance under reference number \_\_\_\_\_ (insert Ombudsman's reference number for the complaint)

SIGNED AT \_\_\_\_\_ (insert place where you signed)

ON \_\_\_\_\_ (insert date you signed)

\_\_\_\_\_  
(Insert your full name)

\_\_\_\_\_  
(Insert your signature here)

\* If you are the executor of the deceased estate, please provide a copy of the letter of executorship

\*\* Note that you cannot appoint the Ombudsman or the office to act on your behalf