

**AUTHORITY TO ACT AS BROKER**

1. I/We authorise Thorson Holdings Ltd trading as Roughton Nelson to act as our Insurance Brokers effective from:

\_\_\_\_\_

2. This authority relates to:

.....

Postal address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling our business and in particular to:

\_\_\_\_\_

4. I/We acknowledge that the insurers with whom Roughton Nelson place our business will provide consideration for doing so. We consent to this.

5. I/We authorise Roughton Nelson to contact our Insurers to obtain, check, disclose or exchange information for the purposes of acting as our Insurance Brokers and Consultants.

Signed by: \_\_\_\_\_

Dated: \_\_\_\_\_

(Print Name) \_\_\_\_\_

of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone : \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**THE USE OF THIS "AUTHORITY TO ACT AS BROKER" FORM HAS BEEN AGREED AND APPROVED BY IBANZ AND REQUIRES THAT A COPY OF THIS AUTHORITY IS TO BE LEFT WITH THE ABOVE SIGNATORY, IN THE EVENT THAT A BROKER CHOOSES TO USE IT.**