## **AUTHORISATION FORM**



the undersigned, Mr./Mrs./Miss	, residing
t	, holding a valid Passport/National Identity Card
earing number*	authorise Mr./Mrs/Miss
residing at	
holding a valid Passport/Natio	onal Identity Card number*
to	
(please tick as appropriate)	
subscribe an insurance;	
collect my vignette / insurance certificate;	
other (please specify):	
*Kindly submit a copy of Passports/National Identity Cards along w	vith this Form.
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Signature	Date