



Certain parties engaged on a professional basis to deal with claims must be registered with the Central Bank.

Central Bank Registration

Number: _____

Appointment of representative.

Date: _____

Claimant Name: _____

Claimant Address: _____

Insurer Name: FBD Insurance Plc.

Policy Number: _____

Mandate

I/we hereby confirm that I/we have appointed a third party, (name) _____

of (address) _____

to act on my/our behalf in relation to a claim under the above numbered policy.

The claim relates to damage caused due to _____

The loss occurred on or between the following date(s) _____

Please accept this as confirmation of my consent to have the above named act as my representative, to engage and communicate in relation to this claim and to prepare, compile, process and negotiate this claim on my behalf.

Signed: _____ / _____

Print Name: _____ / _____

Signed in the presence of: _____

Customer contact.

As a matter of course, customers will be informed of rights, updates and communication in relation to this claim. If you DO NOT wish to receive this communication and are happy that this communication ONLY be provided to your nominated claims representative, please confirm with your signature below:

(Payment will issue to the claimant)

Signed: _____ / _____