

Case Ref: _____

To: _____

Dear Sir,

AUTHORIZATION FORM

I/We* hereby authorize your good Company to provide all records and/or information to the Insurance Agents Registration Board for the purpose of complaint investigation.

Photocopy of this form shall be valid as the original.

Signature

Name in print**

Signature

Name in print**

Date

* Please delete the inappropriate items

** If not signed by the insured(s), please state relationship