

PAY SLIP REVIEW: CLIENT AUTHORISATION

FAX/E-MAIL TO: Mahala Payslip Review Consultant

FAX NO: 0866 314 046

E-MAIL ADDRESS: payslipreview.mahalas.co.za

To whom it may concern,

RE: AUTHORISATION TO REVIEW MY PAY SLIP AND THE PROVISION OF A RECOMMENDATION REGARDING MY FUNERAL INSURANCE

I, _____ (Initials & Surname), with ID no. _____ (or date of birth), hereby grant permission to Mahala Loyalty Programme (FSP no: 21961) to obtain the policy information of the insurance company deductions on my payslip on my behalf.

Please list the funeral policies below that are **not** listed on your payslip (if any):

Company (Insurance Company Name):	Policy number(s) if known:

I agree to the Payslip Review Process and understand that while Mahala will be obtaining information on all of the policies listed, they will only be conducting a review of my funeral insurance cover. I grant permission once this review is completed for them to provide me with a recommendation related to my funeral cover.

Customer Signature

Date

Contact Details:

Cell No:	
Tel (Home):	
Tel (Work):	
E-mail Address:	

