

Signatures of insured and assignee

The insured and the assignee, each for its part, by signing below accept the terms, conditions and undertakings of this assignment.

Signature of insured		Date (dd/mm/yyyy)	
Name of signatory			
Signature of assignee		Date (dd/mm/yyyy)	
Name of signatory			
Assignee's contact name			
Assignee's telephone	Assignee's email		

To the insured and the assignee

1. Pursuant to Policy conditions, the insurer hereby consents to the above assignment in this approved form.
Such consent does not expressly or by implication vary, extend or otherwise affect its rights and liabilities under the policy.
2. The insurer confirms that as at the date of its signing below:
 - (a) all premiums due on the policy have been paid in full; and
 - (b) the policy has not been cancelled.

For and on behalf of the Insurer.

Signature of underwriter		Date (dd/mm/yyyy)	
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