

LETTER OF AUTHORIZATION

Full Name:

Contact Number:

Address:

Email Address:

To: **The Office of The Supervisor of Insolvency**

Date:

TO WHOM IT MAY CONCERN:

I hereby give the Office of the Supervisor of Insolvency (OSI), and any officer it may delegate, permission to carry out the necessary verification checks and investigations into my financial affairs. I understand that these checks include and are not limited to:

- (1) access to my financial history at financial institutions

- (2) access to information on legal proceedings that would otherwise be privileged, and consent to the release of said information.

I further consent to the OSI conducting negotiations on my behalf with a view to settling my indebtedness.

Yours sincerely,

Full Name: _____

Signature: _____

***Please note that copies of all documents submitted will form part of our files, and clients will only be entitled to the return of originals. The information provided in this form will be subject to investigation to verify its content. By signing the form you have authorized the OSI to carry out the necessary checks to verify the information herein.**