**Zeshan Mantara**

**Professional Risk Managers**

**P.O. Box Q178 QVB**

**SYDNEY, NSW 1230**

**LETTER OF AUTHORITY**

**TO WHOM IT MAY CONCERN**

This letter is to confirm that we have appointed Professional Risk Managers to act as Insurance Consultants to **(Insert - Company/Bankrupts Name)** effective from **(Insert - Date of Appointment)** until further notice in writing rescinding such appointment.

This appointment authorises Professional Risk Managers to undertake the following on our behalf:

1. Obtain any information they deem necessary from any Insurer or Insurance Intermediary relative to our insurance portfolio.
2. Inspect policies, alter and/or cancel any policies
3. Negotiate with Insurers and arrange contracts of insurance in accordance with our instructions.
4. Undertake and perform all activities in our name normally performed by a Broker on behalf of their clients.

It is understood and agreed that this appointment of Professional Risk Managers overrides any previous appointment we may have made to any other Insurance Intermediary.

**DATE :**

**SIGNATURE :**

**NAME OF PERSON**

**SIGNING APPOINTMENT :**

**CAPACITY :**