



## ISLAND INSURANCE BROKERS LIMITED

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### Contact Form

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You are kindly requested to complete ALL fields in this form and we shall contact you within the next business day with further details necessary to process your enquiry.

#### Personal Details

Name  ID Card No.  Occupation and place of work

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Date of Birth  Address

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Telephone  mobile  Fax  email:

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I am interested in  Fleet Insurance  
 Self-Drive & Garage Hire Insurance  
 Other (please specify)

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Preferred mode of contacting you  phone/ post/ email/ fax

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Preferred time for phone calls:

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#### DATA PROTECTION

Island Insurance Brokers Limited only processes personal data in accordance with the Data Protection Act. By completing this form and sending it to Island Insurance Brokers Ltd, you consent to Island Insurance Brokers Limited processing your personal data in accordance with our Privacy Policy. Please view our Privacy Policy at [www.islandins.com](http://www.islandins.com) before submitting this form.