

COMPANY INFORMATION

Kindly fill in the details below in order for us to facilitate your new policy with _____.

Full Company Name

Policy numbers/Broker ref. numbers

Risk Address

Postal Address

Responsible Person

Telephone Number

Cell Phone Number

E-mail Address

Company Registration Number

Company VAT Number

Nature of the Business

DECLARATION

Has any application for Insurance ever been cancelled, refused or renewal not invited by an insurance company? If Yes, Please provide details.

Have you been involved in any criminal or civil litigation in the last 3 years or have you had a civil judgment against you? If Yes, Please provide details.

Have you submitted any claims or suffered any losses not claim for in the past 3 years? If Yes, Please provide details.

| Date of Loss | Description of Loss | Claimed Amount |
|---------------------|----------------------------|-----------------------|
|---------------------|----------------------------|-----------------------|

DEBIT ORDER AUTHORITY

I/We authorise _____ and/or their collection agents (the Company) to draw against my/our account when the premium(s) due for the policy(ies) listed below and/or any substituted policy(ies) to which I/we extend this authority.

I/We further authorise the Company to vary such premium due from time to time to reflect any change in cover, risk, sum insured or policy rates.

I/We understand and agree that if any premium(s) is/are not met by the bank referred to below when the debit order is presented, the policy(ies) is/are cancelled automatically from the end of the period of insurance for which premium has been paid.

This authority remains in force until cancelled in writing by me/us or the Company.

NAME OF INSURED _____

NAME OF ACCOUNT _____

BANK _____

ACCOUNT NUMBER _____ BRANCH _____

TYPE OF ACCOUNT Cheque BRANCH CODE _____
 Savings
 Transmission

DATE ON WHICH PREMIUMS SHOULD BE DEBITED _____

I further authorise _____ and/or their collection agents to deposit directly into the above account any amount which may be due to me/us either in respect of any refund premiums or in settlement of any claim.

I/We understand that the withdrawals from the above account will be processed through a computer system and that the details of each withdrawal will be printed on my bank statement.

Signature of Account Holder _____

Date _____