



ASSOCIATED INSURANCE BROKERS

Reg No 2004/022911/07

3rd Floor 12 Fredman Drive Sandton 2196 South Africa
P O Box 785063 Sandton 2146 South Africa
Telephone +27+(0)11 883 2400 Facsimile +27+(0)11 783 3664
e-mail accounts@aib.za.com



APPLICATION FOR PAYMENT OF INSURANCE PREMIUMS BY INSTALMENTS

NAME OF APPLICANT :

POSTAL ADDRESS :

.....

I/We hereby apply to Associated Insurance Brokers, for the facility to pay by monthly instalments the amount due by me/us in respect of premiums, V.A.T., admin fee and service fee on my/our monthly renewable insurance policies. The monthly instalments may be adjusted by Associated Insurance Brokers as necessary in order that all amounts due from time to time shall be covered by such instalments in such manner that there is no outstanding amount due on the anniversary date of my/our such insurance policies viz. each year.

Further and notwithstanding anything to the contrary contained herein or in any of my/our insurance policies, if any monthly instalment is not paid within 14 (fourteen) days after due date of payment thereof, the insurance policy or policies shall thereupon immediately be terminated by Associated Insurance Brokers, without prejudice to my/our obligation to pay all and any outstanding premiums or instalments.

DATE: SIGNED:

.....

BANK DETAILS (Cancelled, blank, or used cheque must be attached.)

Name of Bank

Branch

Town or City

Bank Code

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Account (it is most important that the correct name and spelling of the Account to be debited be given.)

.....

I/We hereby request you to draw against my/our current, or other, account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account..) the amount necessary for payment of the monthly instalment due in respect of the above mentioned facility every month commencing 20.....

I/We authorise my/our bank, whichever it is or will be, to debit my/our account with the amount submitted by you in terms of my/our request.

I/We understand that the debit order hereby authorised will be processed.

I/we will not receive any voucher, but details of each debit order will be printed on my/our bank statement.

This request may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post.

Receipt of this instruction by you shall be regarded as notice to my/our bank (whichever it is or will be.)

SIGNED AT on this day of 20.....

.....

SIGNATURE/S AS USED FOR SIGNING CHEQUES

ACCOUNT NO. ANNIVERSARY / DUE DATE: