

COMPANY APPLICATION FORM

COMPANY DETAILS

Please Complete This Form In Black Ink And Capital Letters

Registered Name:

Trading Name:

Registration No.: Contact Person:

Contact Details: Home No.: Work No.:

Fax No.: Cell No.:

Postal Address:

Code:

Residential Address:

Code:

Payment Method: Cash Debit Order (if Debit Order is chosen please complete the section below)

DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank: Standard Bank ABSA FNB Nedbank

Other:

Account type: Cheque Savings Transmission Other

Debit order day: 1st 7th 15th 25th

Billing Date:

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Sirago Underwriting Managers (Pty) Ltd. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment.

Signature of account holder Date:

IMPORTANT INFORMATION

- Application forms could be underwritten and conditions may be excluded for longer than 10 months.
- The onus lies on the insured to make sure that premiums are paid on a monthly basis. Reference on bank statements read: MD SIRAGO_MED
- Effective from 1 January 2018.

INTERMEDIARY DETAILS

Intermediary Group: Intermediary Code:

Sales Person: Sales Code:

Tel No.: Cell No.: