

Account Number

## PAYMENT AUTHORITY DECLARATION (PLEASE COMPLETE IN BLOCK CAPITALS)

Name of Insured:																			
Address of Insured:																			
Address of Insured:									Code:										
Details of my/our bank account are as follows:																			
Bank Name																			
Branch Name																			
Branch Code																			

## **TO: MIRABILIS ENGINEERING UNDERWRITING MANAGERS**

I/we hereby request and authorise you to draw against my/our account with the abovementioned Bank (or any other Bank or Branch to which I/we may transfer my/our account) in any manner agreed on between yourselves and the Bank, the amount necessary for payment of premium and other fees as agreed under the policy/policies to be issued by you, with premium being due from the inception date of the policy and continuing on the **1**<sup>st</sup> day of every month thereafter.

All such withdrawals from my/our Bank account by you shall be treated as though they had been signed by me/us personally.

Either I/we or you may at any time cancel these arrangements in terms of the Policy but it is understood that such cancellation will have no effect on any withdrawals already made by you in accordance with this request and authority.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our Bank, whichever it is or will be.

I/we declare that the proposal information provided to you by me/us or Agent/Broker forming the basis of the Contract of insurance between us is true and that no material facts have been withheld.

Signed at	on this	day of	20					
Signature of Insured's authorised (Company) Representative	Wit	ness:						
Capacity:		ne Insured Company's stam						
<ul> <li>Along with receiving this form signed by the insured and NOT the broker, we also require proof of the banking details in the form of:</li> <li>Banking details on the insured's official company letterhead signed by an authorised signatory, or</li> </ul>								
An Official bank stamped letter,			ipany's bank details.					
MIRAE PHYSICAL ADDRESS: THE PAVILION BUILDING, WAN	MIRABILIS IS AN AUTHORISED FINAN	VRITING MANAGERS (PTY) LTD CIAL SERVICES PROVIDER: 28190						
52 CORLETT DRIVE, ILLOVO, 21 TEL NO: 0861 100 100 / +27 11 880 820 REGISTRATION NO: 2006/018854/07		POSTAL ADDRESS: FAX NO: VAT NO:	PO BOX 2081, SAXONWOLD, 2132 +27 11 880 6857 4130230354					
DIRECTORS: CB MEYER (CHIEF EXECUT	IVE), SA GRAHAM (EXECUTIVE), G	BEAVER (NON-EXECUTIVE CHAIRMAN), ML	OLIVIER (NON-EXECUTIVE) underwritten by					

