

PAYMENT AUTHORITY DECLARATION

(PLEASE COMPLETE IN BLOCK CAPITALS)

Name of Insured:			
Address of Insured:			
		Code:	

Details of my/our bank account are as follows:

Bank Name	
Branch Name	
Branch Code	
Branch Number	

Please provide a letter from the bank confirming the account is in the name of the business (not older than three months) or a cancelled cheque for verification of bank account details.

TO: MIRABILIS ENGINEERING UNDERWRITING MANAGERS

I/we hereby request and authorise you to draw against my/our account with the above mentioned 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. Stamp duty and handling charges due under the policy/policies to be issued by you, commencing on _____ 20 ____ and continuing on the 1st or 15th _____ 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.

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS:	1 ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196	POSTAL ADDRESS:	PO BOX 2081, SAXONWOLD, 2132
TEL NO:	0861 100 100 or +27 11 880 8200	FAX NO:	+27 11 880 6857
REGISTRATION NO:	2006/018854/07	VAT NO:	4130230354

DIRECTORS: CB MEYER (CHIEF EXECUTIVE), SA GRAHAM (EXECUTIVE), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

Signed at _____ on this _____ day of _____ 20_____

Signature of Insured's authorised representative: _____

Capacity: _____

Witness: _____

(The insured company's stamp must appear here)

Mirabilis Engineering Underwriting Mangers (Pty) Ltd USE ONLY:

Policy Number: _____ Issued: _____

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