

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																		
Account Number																		

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 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 AUTHORISED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: THE PAVILION BUILDING, WANDERERS OFFICE PARK
52 CORLETT DRIVE, ILLOVO, 2196
TEL NO: 0861 100 100 / +27 11 880 8200
REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
FAX NO: +27 11 880 6857
VAT NO: 4130230354

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

underwritten by

Signed at _____ on this _____ day of _____ 20__

Signature of Insured's authorised
(Company) Representative

Witness: _____

Capacity: _____

(The Insured Company's stamp must appear above)

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:

- Banking details on the insured's official company letterhead signed by an authorised signatory, or
- An Official bank stamped letter, not older than three months, confirming the insured company's bank details.

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underwritten by