



Bryte Insurance Company Limited
A Fairfax Company

Application

Payment of insurance premiums under the premium credit facility scheme

Registration number: 1965/006764/06 VAT number: 4530103581

Authorised Financial Services Provider No. 17703

15 Marshall Street, Ferreirasdorp, Johannesburg, 2001 PO Box 61489, Marshalltown 2107

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Insurance Company Limited.

Name of applicant		For office use
Postal address		Customer number
		PCF _____
Telephone number		Application accepted by
Email address		

I/We hereby apply to Bryte Insurance Company Limited for a facility to pay premiums by monthly installment, collecting from my/our nominated bank account the amounts due in respect of premiums and interest charges on my/our annual renewable insurance policy. The monthly installment will be adjusted as necessary in order that all amounts due are paid by the policy's renewal date. This facility will automatically terminate without notice in the event of the monthly installment not being paid for two consecutive months; the attached debit authority being cancelled or my/our insurances being cancelled by me/us or the agency for my/our insurance being changed other than on renewal date.

Furthermore, if any monthly installment is not paid within 15 (fifteen) days of due date, the insurance policy in respect of which payment was due will automatically terminate following two consecutive months without notice and with immediate effect.

The application is made on the understanding that Bryte Insurance Company Limited will, without prejudice, keep me/us advised of all amounts transferred to the debit facility and send me/us a monthly statement of the total amount outstanding before the next renewal date.

I/We undertake to notify you of any future policies to be included in this facility.

Date _____ Signed _____

Bank name _____

Branch code _____ Type of account _____

Name of account holder _____ Account number _____

Trade references _____ Telephone number _____

1. _____

2. _____

3. _____