

Bryte Insurance Company Limited

A Fairfax Company

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.

Please provide supporting documents if required.

Name of payer (legal entity*)			
Address of payer/Insured			
		Postal Code	
Bank		Branch	
Branch code		Account number and type	
VAT registration number*		Company registration number*	

I the undersigned, request and authorise Bryte Insurance Company Limited to draw against my/our account the amount necessary for payment of the total inclusive monthly premium and any standard fees in respect of the insurance policy on the first day/working day of each month commencing _____ 20 _____

I the undersigned, hereby agree to this application being subject to ITC credit verification and/or credit reference verification provided that the details and/or outcome of such ITC credit report/verification remain confidential and are not disclosed to any other party or persons without the prior consent of the signatory to this application.

I acknowledge that the sharing of information for underwriting and claims purposes (including credit information) is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my own behalf, or of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

- Legal entity – to comply with regulation this form must be in the name of a legal person or company – please delete whichever is not applicable
- Vat registration number – to comply with regulation this must appear on all invoices including insurance premiums – please insert N/A if not a VAT vendor
- Co Registration number – (if applicable) company registration number to be inserted

Signed at _____ on the _____ day of _____ 20 _____

Insured/Authorised representative of payer