COMMERCIAL & AGRI DETAIL FORM

Business Name
Business Owner
VAT Number (Compulsory)
Registration Number (Compulsory)
Type of Business
Business Description
Nature of Farmer (if Agri)
Language
Tel (Work)
Cell
E-mail Address
Risk Address
Postal Address
Inception Date
Broker Details
Agent Details

DEBIT ORDER AUTHORISATION — COMMERCIAL & AGRI

Payments Association of South Africa (PASA) Regulations require clients' approval for deductions of premiums. To make it easy for you, we have prepared this form that must be completed by you, signed and sent back to your broker or admin@msbia.co.za It is important that you keep a copy for your own records. Should your debit order details change, please re-submit the debit order authority, to ensure your policy remains compliant to PASA regulations.

I/We hereby instruct and authorise MSB Insurance Administrators (Pty) Ltd and/or its authorised debit order collection company—Fulcrum Collections (Pty) Ltd to draw against my/our account with the below mentioned bank on the selected day of each and every month and continuing until termination of our agreement or until cancelled by me/us in writing by giving you thirty days' notice.

I/We also authorise MSB Insurance Administrators (Pty) Ltd and/or its authorised debit order collection company-Fulcrum Collections (Pty) Ltd to adjust these debits based on changes in coverage, risk, insured amounts or policy rates.

Policy number(s):								
Policyholder name:								
Telephone number:								
Email address:								
Bank:								
Branch name:								
Branch code:								
Account number:								
Account holder name:								
Type of account (please circle the appropriate one):	Cheque			Transmission			Savings	
Monthly premium:								
Debit order date (please circle the preferred day):	1	2	3	5	7	9	10	15
Debit order prefix:	MSBIA							

DECLARATION BY POLICYHOLDER

I hereby authorise MSB Insurance Administrators to draw against my account all amounts due in terms of this application. This authorisation will remain in force until MSB Insurance Administrators or I terminate it. I accept that MSB Insurance Administrators may debit my account on a different date than the specified date if there are insufficient funds in the nominated account to meet the premium payment due. MSB Insurance Administrators may track my account and present the instruction for payment as soon as sufficient funds are available.

Account holder's signature:	Account holder's signature:
Full name:	Full name:
Date:	Date:

Please note If necessary, the banking details for the policy number(s) specified in this form will be changed in accordance with this request.

NEW BUSINESS DECLARATION

Insured name:

Have you or the Company had your insurance policies cancelled, renewal refused, renewal not invited or had special conditions imposed?

YES **NO**

If Yes is captured, then full details must be provided:

Have you or the Company suffered any losses during the past 3 years? **YES** **NO**

If Yes is captured, then full details must be provided:

Has any Director or Member of your Company been convicted of any offence or been involved in any civil or criminal litigation in the past 3 years?

YES **NO**

Have you or the Company been previously insured or is there a current policy in force? **YES** **NO**

If YES:

Insurance company:	**Policy no.:**
Inception date:	**Cancellation date:**

SIGNED AT	**ON THIS**	**DAY OF**

SIGNATURE OF THE INSURED