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CONFIRMATION OF COMMERCIAL PROPOSAL FORM

Policy Details

Full name of insured / Company / Individual Name

Postal Address

Postal Code

Vat Number

Registration Number

Inception date of Cover

Annual Review Date required

Premium Payment method

Annual

Monthly

If premium is to be paid on a Monthly Basis please complete the Payment Authority Portion of the form.

We can only debit premium from your bank account on the 1st working day of each respective month.

Payment Authority

Type of Account

Cheque

Transmission

Savings

Financial Institution Details

Bank Name

Branch Name

Branch Code

Account Number

Account Name

I hereby authorise Thatch Risk Acceptances (Pty) Ltd to draw against my account (or any other institution or branch to which I may transfer my account) the premiums and collection fees for this insurance and I agree to my bank debiting my account with the amount drawn against it by the company in terms of this order. This authorisation will remain in force until cancelled by me in writing.

ACCOUNT HOLDER(S) AUTHORIZATION

Ist

2nd

Signature

Initials & Surname

Company Designation

Date Signed

Declaration to be completed by the Proposer prior to a Policy being issued

I confirm that the proposal completed and this confirmation shall form the basis of the contract between Thatch Risk Acceptances (Pty) Ltd on behalf of Compass Insurance.

PROPOSERS SIGNATURE(S)

Ist

2nd

Signature

Initials & Surname

Company Designation

Date Signed

This policy is underwritten by Compass Insurance and to be issued by Thatch Risk Acceptances (Pty) Ltd on behalf of and under the authority granted by the underwriter.