C C I R C Corporate & Commercial Insurance Risk Consultants (Pty) Ltd

Change of debit order detials	
Administered by:	**CCIRC (Pty) LTD**
Broker :	

The Insured:
Vat Number
Contact Person:
Postal Address:

Risk Address 1:
Postal Code

Telephone No: **Fax No.**
E- Mail
Occupation Description:
Class of policy   **Domestic/Private**
I D Number:

Name of insurer:

Bank Details

Bank Name:
Branch Name:
Bank Code:
Account Holder:
Account Number:
Account Type:

I hereby agree that the premium may be deducted from the abovementioned account by CCIRC (Pty)Ltd on behalf
of the Insurance company. All relevant information pertaining to this risk and the Insured has been declared above.
I hereby authorize my present Insurer to supply all information regarding my current insurance to the above broker or their appointed
representative if requested.
I accept the quotation as presented in this presentation and instruct my broker as above to issue the necessary policy document.
I also confirm that all classes of insurance as per page 2 have been discussed with me and I only require cover for the classes as
indicated by premium payable.

Signature Insured

26/01/201211:45