



Application for payment of insurance premiums by instalments under the premium credit facility scheme



Zurich Insurance Company South Africa Limited
 Registration number: 1965/006764/06 VAT number: 4530103581
 70 Fox Street, Johannesburg, 2001
 PO Box 61489, Marshalltown, 2107
 Authorised Financial Services Provider

Name of applicant: _____ Postal address: _____ _____ _____	For office use
	Client no. _____
	PCF _____
	Application accepted by _____
	Branch Manager _____

I/We hereby apply to the Zurich Insurance Company South Africa Limited for the facility to pay by monthly instalments, by collection from my nominated bank account the amounts due from me/us in respect of premiums and service fee on my/our annually renewable insurance policies, the monthly instalments being adjusted as necessary in order that all amounts due shall be paid by such instalments in such manner that there is no outstanding amount due on the renewal date of such insurance policies viz. each year. This facility will automatically terminate without notice in the event of any monthly instalment not being paid or the attached debit authority being cancelled, my/our insurances being cancelled by me/us, or the agency for my/our insurance being changed other than on a renewal date.

Furthermore, notwithstanding anything to the contrary contained herein or in any insurance policy, if any monthly instalment is not paid by no later than 14 (fourteen) days after due date for payment thereof, the insurance policy or policies in respect of which such payment was to be made shall thereupon automatically terminate without notice to myself/ourselves with immediate effect.

The application by me/us is made on the understanding that the Zurich Insurance Company South Africa Limited will without prejudice to any of the foregoing keep me/us advised of all amounts transferred to the debit of the facility and send me/us a monthly statement of the total amount outstanding to be paid before the next renewal date.

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

Date: _____ Signed: _____

Bankers: _____

Address: _____

Telephone number: _____ Account number: _____

Trade references:	Telephone number:
1. _____	_____
2. _____	_____
3. _____	_____