

PROPOSAL FORM - DETAILS TO BE COMPLETED

All questions must be fully completed

CLIENT NAME - FULL LEGAL TITLE (CC, PTY, LTD ETC.)		
REGISTRATION NUMBER		
VAT NUMBER (SARS Document must accompany proposal form)		
COMPANY DIRECTORS (If additional – Please attached)	NAME	ID
PHYSICAL ADDRESS Proof of Business Address must accompany proposal (FICA Requirement)		
POSTAL ADDRESS		
TELEPHONE NO.		
FAX NO.		
CELL PHONE NO.		
E-MAIL ADDRESS		
DATE OF INCEPTION		
NAME OF UNDERLYING INSURER		
COVER & VEHICLE DETAILS	To be attached, once received policy schedule to be checked for any discrepancies together with 3 years claims history.	

Authorized Financial Service Provider License Number 37014

A detailed Fleet List must be submitted if the Fleet is more than 10 Items to be insured.
 All Vehicle Registration Documentation must be submitted to the Company

Year	Make	Model	Registration Number

WRITTEN AUTHORITY AND MANDATE FOR DEBIT PAYMENT INSTRUCTIONS

ACCOUNT NAME		
BANK NAME		
BRANCH CODE		
ACCOUNT NUMBER		
DEBIT DATE	1st 15th	7th 20th

I/We authorize INSURE GROUP LTD ((IOM – MMX SYSTEMS)) to draw on my account (wherever it may be) at the abovementioned institution in any manner agreed on between INSURE GROUP LTD ((IOM – MMX SYSTEMS)), the amount of the premium (which includes VAT) payable, and I request the aforesaid institution to debit my account with all debits drawn against it.

DATE	SIGNATURE OF ACCOUNT HOLDER
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