



Insurance Company Limited  
REG. NO./NR. 70/06619/06

**If you wish to pay your insurance premiums monthly, please complete this form.**

*Please attach a cancelled or used cheque or photocopy of your transmission account book or transmission card.*

**1. The name of your bank or building society**

NAME .....

BRANCH.....

**2. Branch code of bank - see top right-hand corner of cheque.**

**3. Account number**

**4. Type of account (please tick appropriate box)**

- cheque book  C
- transmission (bank/building society)  T
- savings (bank)  S

**5. Payer's account name**

.....

Signature of payer ..... Date.....

**For office use only**

Policy number: .....

Telephone number: (w).....

Telephone number: (h).....