

## INSURANCE FINANCE CORPORATE APPLICATION

To be completed by the Agent/Broker in liaison with the customer

Please fill in the form in BLOCK letters appropriately. Please note that all fields are mandatory.

1 Client Name.....  
 Physical Address: .....  
 Postal Address: .....  
 Contact Person: ..... Nature of Business.....  
 Business Tel: ..... Email Address.....  
 Years In Business.....

2 DIRECTORS FULL NAMES (i) ..... ID No .....  
 DIRECTORS FULL NAMES (ii) ..... ID No .....  
 DIRECTORS FULL NAMES (iii) ..... ID No .....  
 DIRECTORS FULL NAMES (iv) ..... ID No .....

3 DETAILS OF INSURANCE POLICIES TO BE FINANCED (No Life Policies)

INSURANCE COMPANY	BRANCH	COMMENCEMENT DATE		PREMIUM		RISK COVERED
		FROM	TO	\$	C	
1.						
2.						
3.						
4.						
5.						
		<b>TOTAL PREMIUMS</b>				

4 **TOTAL NUMBER OF PAYMENTS**

\*AMOUNT DUE IS REPAYABLE BY AN INITIAL INSTALMENT OF \$ ..... AND MONTHLY INSTALMENTS OF \$.....

<b>TOTAL PREMIUMS</b>	\$		<b>TOTAL AMOUNT DUE</b>	\$	
<b>FINANCE CHARGES</b>	%	\$			

5 HOW LONG HAS CLIENT BEEN KNOWN TO THE BROKER? .....

7 WHAT WAS THE TOTAL PREMIUM PAID LAST YEAR? \$ .....

8 CONTACT PERSON (AGENT/BROKER'S NAME) .....

9 CONTACT ON RELATIONSHIP WITH CLIENT .....

10 CLIENT'S BANK .....

BRANCH: .....ACCOUNT NO: .....

11 DATE: .....

12 AGENT/BROKER'S SIGNATURE .....

<b>BROKER'S NAME STAMP AND ADDRESS</b>
--