

Contact Details  
 Tel: 082 601 8288  
 Fax: 086 498 1683  
 FSP 47088  
 www.certainure.co.za



Physical Address  
 2 Carlisle Close  
 West Beach  
 Cape Town  
 7441

### Certainure Commercial Closing Instruction

**This document forms part of the quotation already provided to you**

Underwritten by:	<b>Certainure Underwriting Managers (PTY) Ltd</b>	
Insurance Company - quoted		
Quote Date:		
The Insured: (Legal Entity)		
Policy type:		
Policy number / Quote number		
VAT number:		
Contact person:		
Broker:		
Postal Address:		
Risk Address 1:		
Risk Address 2:		
Risk Address 3:		
Contact number:	Work:	Cell:
Email:		
Warranties:	<b>Warranties noted as per quote/policy schedule</b>	
Inception date / Renewal date		

Previous Claims	Value	Date	Insurer	Result

Business Name:	
Type of business:	
Construction type:	
Current Insurer:	



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### Debit Order Authority

**INCEPTION DATE** : \_\_\_\_\_  
**BANK** : \_\_\_\_\_  
**ACCOUNT TYPE** : \_\_\_\_\_  
**ACCOUNT NUMBER** : \_\_\_\_\_  
**BRANCH CODE** : \_\_\_\_\_  
**ACCOUNT HOLDER** : \_\_\_\_\_  
**DEBIT ORDER DATE** : \_\_\_\_\_

I/We hereby request you to draw against my/our existing account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly amount due in respect of the undermentioned insurance.

I/We agree that this proposal shall form the basis of the Insurance Contract

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Date