



INVOICE

Invoice No: _____
Date: _____
Due Date: _____

INSURED PARTY

BROKER / AGENT

Policy Number: _____
Policy Period: _____
Declaration Period: _____
Insured Turnover: _____
Premium Rate (%): _____
Limit of Liability: _____

DESCRIPTION OF INSURANCE COVER / PREMIUM CHARGE	INSURED VOLUME	RATE	PREMIUM AMOUNT
---	----------------	------	----------------

-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Net Premium: _____

Insurance Tax: _____

Admin Fee: _____

Total Due: _____

Payment Instructions

Bank Name: _____

Account Number: _____

Swift Code / BIC: _____

IBAN: _____

Payment Reference: _____