



INSURED / POLICYHOLDER

INVOICE INFORMATION

Invoice Number:

Date of Issue:

Due Date:

Policy Number:

Endorsement No:

Description of Coverage / Risk	Premium Base (Turnover/Limit)	Rate (%)	Tax %	Premium Amount

Net Premium:

Insurance Premium

Tax:

Brokerage/Admin Fee:

Total Premium Due:

Payment Instructions

Please remit payment to the bank account detailed below. Ensure the Invoice Number and Policy Number are quoted as references.

Bank Name:

Account Name:

IBAN / Account No:

BIC / Swift Code:

