Application Form for Direct Debit

Please use this application form for the following legal entities to capture required data from the policyholder:

- Sole Trader
- Private Individual

Policyholder	
Trading As	
Policy Number	

Primary Contact

Title	
Full Name	
Email	
Telephone	

(this contact will receive the credit agreement to sign)

Business

Business Description	
Address	
Postcode	

Residential Address	
Postcode	
Date of Birth	

Countries of Operation

Countries traded with

Bank Account Details

*If the account holder differs from the policyholder, please confirm the relationship.

Account Name	
Sort code	
Account Number	
Third Party Payer Relationship (If applicable)	

Once you have completed this information for your client, please send via email to directdebitsupport@intactinsurance.co.uk

**Please note if PCL are unable to verify the customer at the address provided, they may ask for further information such as Proof of Identity and Proof of Address.