

Application to pay by monthly instalments (Direct Debit) for Commercial Business



PERSONAL DETAILS (Please complete all white boxes using BLOCK CAPITALS)

COMPANY COPY

Mr Mrs Ms Miss

Initials and Surname or Company Name

Address

Town

County

Post Code

Daytime contact phone number

HOW THE SCHEME WORKS

When you apply for credit facilities we will collect a deposit of 20% of the annual premium and spread the balance plus a small credit charge into 10 instalments starting the first month after cover commences. You will be notified by letter of the premium, charge for credit, and repayment details prior to the withdrawal of the first instalment. In the event of there being a delay in processing it may be necessary to reduce the number of monthly instalments.

Any adjustments to the premium during the year are included in the scheme and will be dealt with by way of adjustment of the monthly instalment. At least 14 days before renewal you will receive a renewal invitation with all the financial details, including the new monthly instalments, which will be collected over 12 months. For cover to continue, no action is required by you. However, if you do not wish to renew, please advise your Broker/Agent. We would also advise you to cancel the direct debit instruction with your bank prior to your renewal date.

DECLARATION

- I apply to NIG to pay my premium by instalments and I am not less than 18 years of age.
- I have not defaulted on a credit agreement or been refused credit in the past.
- I understand that the receipt of an application to pay by instalments does not constitute the granting of cover.
- I understand that failure to pay any instalment will result in cancellation of the policy and if the policy is cancelled I undertake to return any Insurance Certificate(s) which may have been issued.

Proposer's/Policyholder's Signature

Date of Signature

IF YOU WISH TO PAY YOUR PREMIUM BY INSTALMENTS YOU **MUST** SIGN THIS APPLICATION

FOR YOUR INSURANCE ADVISORS USE ONLY

Agency No.

CLIENT NO.

Please Tick

New Business

Renewal

Policy Nos

SORT CODE

Risk Date

A/C NO.

DATE

DIRECT DEBIT INSTRUCTION TO YOUR BANK/BUILDING SOCIETY - For Commercial use only

**Instruction to your Bank or Building Society to pay Direct Debits.**

Service User Number

8 3 7 0 7 2

1 Name and full postal address of your Bank or Building Society branch

To: The Manager

Bank or Building Society

Address

Postcode

4 Bank or Building Society account number**5** Reference**6** Instruction to your Bank or Building Society

Please pay NIG Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee.
I understand that this Instruction may remain with NIG and, if so, details will be passed electronically to my Bank/Building Society

2 Name(s) of account holder(s)**3** Branch sort code
(from the top right hand corner of your cheque)

Signature(s)

Date

Banks and Buildings Societies may not accept Direct Debit Instructions for some types of account.

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CLIENTS COPY

Mr Mrs Ms Miss	Initials and Surname or Company Name		
<input type="text"/>	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>		
County	Post Code	<input type="text"/>	
		Daytime contact phone number	<input type="text"/>

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FOR YOUR INSURANCE ADVISORS USE ONLY

Agency No.	<input type="text"/>	CLIENT NO.	<input type="text"/>	<input type="text"/>
Please Tick	<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal		
Policy Nos	<input type="text"/>	SORT CODE	<input type="text"/>	
Risk Date	<input type="text"/>	A/C NO.	<input type="text"/>	DATE <input type="text"/>

DIRECT DEBIT INSTRUCTION TO YOUR BANK/BUILDING SOCIETY - For Commercial use only

	Instruction to your Bank or Building Society to pay Direct Debits.	
1 Name and full postal address of your Bank or Building Society branch		Service User Number <input type="text"/>
<input type="text"/>		4 Bank or Building Society account number <input type="text"/>
<input type="text"/>		5 Reference <input type="text"/>
<input type="text"/>		6 Instruction to your Bank or Building Society Please pay NIG Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this Instruction may remain with NIG and, if so, details will be passed electronically to my Bank/Building Society
<input type="text"/>		Signature(s) <input type="text"/>
2 Name(s) of account holder(s) <input type="text"/>		Date <input type="text"/>
3 Branch sort code (from the top right hand corner of your cheque) <input type="text"/>		

Banks and Buildings Societies may not accept Direct Debit Instructions for some types of account.

THE DIRECT DEBIT GUARANTEE

- 1 This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- 2 If there are any changes to the amount, date or frequency of your Direct Debit NIG will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request NIG to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- 3 If an error is made in the payment of your Direct Debit, by NIG or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when NIG asks you to.
- 4 You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



TERMS AND CONDITIONS

- 1 Credit will only be granted on annual policies of insurance effected with NIG (hereinafter called 'the Company') by persons who are at least 18 years of age, or in respect of a Corporate Body. The premium due must be a minimum of £100.
- 2 For cases new to the Credit Scheme the total amount payable will be repaid by a deposit (collected by direct debit) equivalent to 20% of the annual premium and 10 equal instalments. If you have paid the deposit by **cheque** this will **not** be collected by direct debit. If you have **over/underpaid** the deposit, your instalments will be adjusted to reflect the difference.
The first instalment will be due one calendar month after inception or renewal date and future payments monthly thereafter. The monthly repayments will be calculated by us and you will be notified of all the necessary financial details by post giving at least 7 days notice before the first instalment is collected. If processing of the Agreement is delayed the number of instalments may be reduced.
- 3 **Changes in your address or bank branch must be notified to the Company immediately as you may need to complete a new Direct Debit Instruction.**
- 4 The policy is an annual contract and will remain in force provided that payment of your instalments is maintained. Following a claim, the balance of the premium outstanding in respect of the current insurance period must be paid in full and we reserve the right to deduct any arrears from a claim settlement.
- 5 The Agreement can be cancelled by either party giving 7 days notice in writing.
- 6 Instalments are payable on the due date. Any default that is not corrected within the time permitted under the Consumer Credit Act 1974 will result in the Company requesting payment of the outstanding amount in full within 7 days. If payment is not received in this period, the policy is cancelled from the date the defaulted instalment was due.
- 7 If the policy is cancelled for reasons other than non-payment of premium, a termination notice will be issued, and any balance of premium or credit charge due to the Company will be collected within the next available instalment.
- 8 Cancellation of Insurance - In the event of the policy being cancelled by the policyholder either by request, or non-payment of an instalment the premium will be subject to a pro rata refund, minus 25%. No return of premium will be given where the unexpired period of the policy is less than two months.
- 9 The charge will be notified to you by letter will be made on the initial credit balance. We reserve the right to alter the credit charge but any such change would only apply from renewal of your policy and you will, of course, be informed in advance.

HOW TO COMPLETE YOUR DIRECT DEBIT INSTRUCTION

Insert the name of the Account to be debited e.g. J. Smith
Insert your bank's sorting code - see below
Insert the full number of the Account to be debited - see below.
The instruction to your bank must be signed and dated.

Specimen Cheques

The Bank PLC 1, The Avenue, Insville EN 1ET	
PAY NIG	£ <input type="text"/>
123456 789101 23456789	J. Smith
Bank Sorting Code 7 8 9 1 0 1	Account Number 2 3 4 5 6 7 8 9

Name of Account Holder

NATIONAL GIROBANK

National Girobank PLC	Bootle, Merseyside G1R 0AA
PAY NIG	
£ <input type="text"/>	
J. Smith 22, Town Rd. Insville EN8 1SJ	2 4 689 1234
Bank Sorting Code 7 2 0 6 1 2	Account Number 4 6 8 9 1 2 3 4
These first 5 No.s to be entered in every case	