

Authority of payment INSURED'S BANKING DETAILS	It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information	
	Name of Bank	
	Account No.	
	Account Type	
	Branch & Code No.	
	Name of account Holder	

Declaration	Insured Signature	I / We hereby declare that the above and foregoing particulars to be true in every aspect
		Capacity: _____ Date: _____