BARCODE

Close Premium Finance

# Running Account Credit Request

**Commercial Lines**

**Instructions** Please complete white areas only using clear BLOCK CAPITAL letters in black ballpoint pen and return this form to the Bank.

**The Insurance Broker**

Payment Terms

**The Bank** Close Brothers Limited, 21st Floor, Tolworth Tower, Ewell Road, Tolworth, Surbiton, Surrey KT6 7EL.

**The Customer** (Customer must be the insured. If a trading name is used, insert both insured name and trading title eg. S Jones t/a Jones Export.)

Name

Address

Postcode

Email Address

Telephone Number

Broker Reference

Nature of Business

**Please Indicate Business**

☐ Inception of Policy ☐ Renewal of Policy ☐ Mid-Term Adjustment

| | | |
|---|---|---|
| Debit to Close Premium Finance Account (equal to **Total Premiums**) | | |
| Add Projected Interest (ie. **Credit Charge**) | £ per £100 (APR . %) | |
| Gives **Total Amount Payable** on this debit | | |
| NB: Calculations assume amount is payable in | 6 10 Equal Minimum Monthly Payments, each of | |

The drawing on the account may result in changes to current minimum monthly payments (if any) which will be notified to the customer by the Bank. The minimum monthly payment stated above shows what the minimum amount of payments would be if the debit were the only debit on the account and the number of monthly payments set out above will be payable if only the minimum payments are made and if they are paid on time. The projected interest and Total Amount Payable is shown in order to enable those minimum monthly payments to be calculated.

**Schedule of Insurance Policies to be Financed/Charged** (Use a continuation sheet if further space is required)

| Inception/Renewal/MTA Date | Policy Number | Mark box if Non-Refundable Policy | Insurer (NU,RSA,GA etc) | Type of Cover (EL,PL,MF etc) | Amount to be financed including IPT and other taxes where applicable |
|---|---|---|---|---|---|
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Any drawings made on behalf of the Customer by submission of this notification form, are made subject to the terms and conditions of the Running Account Credit Agreement entered into between the Customer and Close Brothers Limited.

**Total Amount of Drawing**

Signed on behalf of Insurance Brokers

Acting on behalf of the customer. For new business please ensure the signed application to pay by direct debits is attached.

Print Name

**Signature**

Position Date

FORM 348