

Application Form for Direct Debit



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

- Limited Companies
- Unlimited Companies
- Limited Liability Partnerships
- Unincorporated Companies (for this we do not require company registration number)

Policyholder

Policy Number

Primary Contact

Title

Full Name

Email Address

Telephone

(this contact will receive the credit agreement to sign)

Business

Description

Registered Address

Postcode

Company registration number

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 that during checks PCL may ask for a group structure chart if unable to determine this via publicly held sources; please note if this is overseas it will be required; year-end accounts or details of the Ultimate Beneficial Owner who owns or controls more than 25% of the customer**