

Application Form for Direct Debit



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

- Partnerships 3 or less (2 partners/trustees required only)
- Partnerships 4 or more (trustee/partner 3 is required)

Policyholder	<input type="text"/>
Trading As	<input type="text"/>
Policy Number	<input type="text"/>

Primary Contact / Partner 1		Business	
Title	<input type="text"/>	Description	<input type="text"/>
Full Name	<input type="text"/>		
Residential Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Date of Birth	<input type="text"/>		
Email Address	<input type="text"/>		

(this contact will receive the credit agreement to sign)

Partner 2		Partner 3	
Full Name	<input type="text"/>	Full Name	<input type="text"/>
Residential Address	<input type="text"/>	Residential Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>

Countries of Operation	Countries traded with
<input type="text"/>	<input type="text"/>

Bank Account Details

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

Account Name	<input type="text"/>
Sort code	<input type="text"/>
Account number	<input type="text"/>
Third Party Payer Relationship (If applicable)	<input type="text"/>

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.