

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

Trading As

Policy Number

Primary Contact / Partner 1

Title

Full Name

Residential Address

Postcode

Date of Birth

Email Address

(this contact will receive the credit agreement to sign)

Business

Description

Address

Postcode

Partner 2

Full Name

Residential Address

Postcode

Date of Birth

Partner 3

Full Name

Residential Address

Postcode

Date of Birth

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 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.