

# Premium Instalment Plan

## Allianz Use Only

Agreement No.

Agent's Account No.

Start Date

The acceptance of this Instalment Application and any proposal for insurance is at the Company's discretion

## A. Individual Application

For businesses see overleaf.

Please note that the applicant(s) and bank account holder(s) must be the same.  
(Please use BLOCK CAPITALS) I AM OVER 18 and a UK resident

Completion of all areas marked with an \* is mandatory, and failure to provide the information may result in your application being declined

\* Surname  \* Title

\* First Names

\* Address  \* Postcode

\* Tel. No. (Home)  (Business)  Mobile

Email Address

\* Occupation/Trade  Tenant  Owner

\* Date of Birth  Marital Status  Maiden Name

If you have lived at your current address for less than 3 years please show your previous address

\* Address  \* Postcode

\* Have you had any Judgments registered against you over the last 3 years? Yes  No

Type of Insurance	Policy Nos (where known)	Commencement/ Renewal Date	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

\* I would like to pay the deposit: By Cheque  Debit/Credit Card  Direct Debit  Total Annual Premium £

\* Monthly 10%  Bi Monthly 20%  Quarterly 25%  Deposit £

\* Please specify your choice of payment date   
(Not available on quarterly repayments)

Please provide a deposit payable to **Allianz Insurance plc** for the appropriate deposit amount, otherwise this will be collected by Direct Debit.

It is your responsibility to ensure you can afford the repayments and your account holds sufficient funds to meet the payment when it is due.

### Declaration

I/We wish to pay the premiums for these insurances by instalments, and authorise Allianz Insurance plc to make any enquiries in connection with this application. Please send me/us a Credit Agreement to sign which I/we will read. I am/We are at least 18 years of age. I/We understand that Insurers share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to help assess risks, handle claims and prevent fraud. I/We consent to this. I understand that acceptance of the Premium Instalment Plan application, entry into any credit agreement and any proposal of insurance is at Allianz Insurance plc complete discretion.

\* Date  \* Authorised Signature  \* Print Name



## Instruction to your bank or building society to pay Direct Debits.

Please fill in the whole form with a ballpoint pen and send to Allianz Insurance plc.



Name and full postal address of your bank or building society

\* To: The Manager

Bank/building society

Address

Postcode

\* Name of account

\* Bank / building society account no.

\* Branch sort code

Reference

Service user number  9  2  0  0  4

FOR ALLIANZ INSURANCE PLC – OFFICIAL USE ONLY  
This is not part of the instruction to your bank or building society

### Instruction to your bank or building society

Please pay **Allianz Insurance plc** Direct Debits from the account detailed in this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Allianz Insurance plc and, if so, details will be passed electronically to my bank/building society.

\* Signature(s)

\* Date

Banks and building societies may not accept Direct Debit Instructions for some types of account  
Allianz Insurance plc. Registered in England number 84638. Registered Office: 57 Ladymead, Guildford, Surrey GU1 1DB

If paying the deposit by Credit Card please fill in all the following boxes in BLOCK CAPITALS.



Paying by debit or credit card Cardholder's name

Cardholder's address  Postcode

Card number  Expiry date of card

Please charge my card with £  Card holder's signature  Date

Office use only Authorisation Number

# Premium Instalment Plan

## B. Business Application - Must be UK Based For private use see overleaf.

Please note that the applicant(s) and bank account holder(s) must be the same.  
(Please use BLOCK CAPITALS)

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\* Business/Company Name   
(applying for instalments)

\* Business Address  \* Postcode

\* Company Registration No.  \* Business Tel. No.  \* Contact Name

Email Address

\* Date Business Formed  \* Type of Business

If you are not a limited company please show names and addresses of owners/partners

1. Surname  First Name  Title  \*Date of Birth

Address  Postcode

2. Surname  First Name  Title  \*Date of Birth

Address  Postcode

\* Have you had any Judgments registered against you over the last 3 years? Yes  No

Type of Insurance	Policy Nos (where known)	Commencement/ Renewal Date	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

\* I would like to pay the deposit: By Cheque  Debit/Credit Card  Direct Debit  Total Annual Premium £

\* Monthly 10%  Bi Monthly 20%  Quarterly 25%  Deposit £

\* Please specify your choice of payment date  Please provide a deposit payable to **Allianz Insurance plc**, for the appropriate deposit amount, otherwise this will be collected by Direct Debit.

It is your responsibility to ensure you can afford the repayments and your account holds sufficient funds to meet the payment when it is due.

### Declaration

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\* Date  \* Authorised Signature  \* Print Name



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Name and full postal address of your bank or building society

\* To: The Manager

Bank/building society

Address

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\* Name of account

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### Instruction to your bank or building society

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\* Date

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Paying by debit or credit card Cardholder's name

Cardholder's address

Postcode

Card number

Expiry date of card

Please charge my card with £  Card holder's signature  Date

Office use only Authorisation Number