

ANNEXURE 5

P.O. BOX 7380
JOHANNESBURG
2000

TAX INVOICE

(VAT Reg. 4140119340)
This Coupon becomes a Tax Invoice on
payment in full, of the premium reflected

**C O U P O N
(FIRE)**

	NUMBER	YEAR
COUPON POLICY NO.	FE	/

Replacing Coupon Policy No (where applicable).....

Sasria Agent:

Underlying Policy Number:

Broker:

The Insured

Name:

Company Registration Number:

Holding Company Name:

Risk Address 1:

Street name and number:

Risk City:

Postal Code:

Risk Address 2:

Street name and number:

Risk City:

Postal Code:

Risk Address 3:

Street name and number

Risk City

Postal Code.....

Risk Address 4:

Street name and number:

Risk City:

Postal Code:

Risk Address 5:

Street name and number

Risk City

Postal Code.....

COUPON POLICY NO.	FE	/
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Period of Insurance

From to 24h00 on
Or to the time and date on which the Underlying Policy may have been terminated or become invalid if such date be earlier.

Total Sum Insured: R.....
Subject to the Aggregate Limit of Liability stated in the Proviso of this Coupon Policy.

Gross Premium RRefund Premium R.....
The above premium is inclusive of Value Added Tax at the standard rate.

Signed on behalf of **Sasria Limited**

Countersigned at

On the day ofYear

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Director

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For: Sasria Agent

Important Note:

- 1) All claim notifications reports or any other communication whatsoever in connection with this Coupon Policy shall be made to the Sasria Agent.
- 2) Top five (per sum insured) risk addresses must be listed above.