# ANNEXURE 11

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

# P O L I C Y
# (SPECIFIED STANDING CHARGES)

| | NUMBER | YEAR |
|---|---|---|
| COUPON POLICY NO. **SC** | / | |

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

Sasria Agent: ……..…….…….…….....

Underlying Policy Number: …….....……..……

Broker: ……..……..……

Sasria Material Damage Coupon Policy No.: ……

**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. | **SC** / |

**THE BUSINESS** …….. THE PREMISES ……..……

…….…… ……

## THE ITEMS

As detailed in the Specification attached hereto which is declared to be incorporated in and to form an integral part of this Schedule.

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

**Maximum Indemnity Period**…..... ..…… Months ……

Period of Insurance
From: …… …… to 24h 00 on ……..…..…

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

## LIST OF INSURED STANDING CHARGES

**EXPLANATORY NOTE:**

An insurable Standing Charge is:

(i) a business expense which might not diminish proportionately with a reduction in Turnover if there is interruption or interference with the business by any one of the contingencies insured against; or

(ii) any variable charge which it would be desirable to continue in the interest of the business.

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……

Signed on behalf of **Sasria Limited**

Countersigned at ……..…..……..

On the ….……..... day of ……Year ……

. ……....
Director

…….…….
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.