

Sasria SOC Limited
P.O. Box 653367, BENMORE, 2010
36 Fricker Road, Illovo, Sandton, 2196
Tel: +2711 214 0800 or 086 172 7742 (Switchboard)
Fax: +27 11 447 8630

(Reg. No. 1979/000287/06 VAT Reg, No. 4140119340)
FSP Licence No. 39117

GENERAL ENDORSEMENT

NUMBER	YEAR
GE	/

ENDORSEMENT ATTACHING TO AND FORMING PART OF COUPON /POLICY

No. IN THE NAME OF.....

Insured: VAT Reg No..... EFFECTIVE DATE:
(Please Tick The Appropriate Box/boxes)

	1. Change of name of the Insured to
	2. Change of underlying Policy Number (If reissued by Insurer) From To
	3. Change of Period of Insurance: From To
	4. Change in date of Commercial Operation: (ASC Policies only) From To
	5. Change in Annual Premium (if incorrectly rated) From R To R
	6. Policy/Coupon cancelled
	7. Sum Insured increased/reduced From R To R
	8. Premium adjustment (Declaration Adjustment): For Period ending
	9. Indemnity Period increased/reduced (Standing Charges Policy) From months To months
	10. Change of vehicle Delete Make.....Reg..... Cat.....Value R..... Replaced by Make.....Reg.....Cat..... Value R.....

	<p>11. Change of Registration No.</p> <p>From To</p> <p style="text-align: center;">(Single Vehicle Policies only)</p>				
	<p>12. Change / addition of Company Registration Number:</p> <p>From.....To.....</p>				
	<p>13. Change / addition of Holding Company:</p> <p>From.....To.....</p>				
	<p>14. Change / addition of Risk Address:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Risk Address 1:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Risk Address 2:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Risk Address 3:</p> <p>Street name and number</p> <p>Risk City</p> <p>Postal Code.....</p> </td> <td style="vertical-align: top;"> <p>Risk Address 4:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p> </td> </tr> </table>	<p>Risk Address 1:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p>	<p>Risk Address 2:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p>	<p>Risk Address 3:</p> <p>Street name and number</p> <p>Risk City</p> <p>Postal Code.....</p>	<p>Risk Address 4:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p>
<p>Risk Address 1:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p>	<p>Risk Address 2:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p>				
<p>Risk Address 3:</p> <p>Street name and number</p> <p>Risk City</p> <p>Postal Code.....</p>	<p>Risk Address 4:</p> <p>Street name and number:</p> <p>Risk City:</p> <p>Postal Code:</p>				
	<p>15. Premium</p> <p>PREMIUM: R..... REFUND PREMIUM: R.....</p> <p>(inclusive of VAT at 14%)</p>				
	<p>16. Change of Insurer/Broker</p> <p>From..... To.....</p>				

Subject otherwise to the terms and conditions of this Coupon/Policy. Warranted otherwise no change in the property insured or the Insured's interest therein.

Signed on behalf of Sasria SOC Limited

Countersigned at.....the day of 20.....

.....
Executive Manager

.....
For: Non Mandated Intermediary/UMA

Note:

- 1) In terms of a ruling by SARS, this document together with proof of payment of premium constitutes an alternative to a tax invoice, debit note or credit note as contemplated in section 20(7) and 21(5) of the VAT Act respectively
- 2) In order to be eligible for a VAT input deduction, the insured must be in possession of this policy document together with proof of payment of the premium (e.g bank statement)