



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. 4140119340  
 FSP Licence No.: 39117

**TAX INVOICE**

THIS NOTICE BECOMES A TAX INVOICE WHEN THE TOTAL AMOUNT REQUESTED HAS BEEN PAID

**ENDORSEMENT  
NUMBER**

**EB/**

**ATTACHING AND FORMING  
PART OF SASRIA MOTOR POLICY NO.**

In the Name of .....

It is hereby declared and agreed that the insured having declared the number/total values of vehicles

as at .....year .....the premium is adjusted as follows:

CATEGORY	DESCRIPTION	NUMBER OF VEHICLES	PREMIUM	TOTAL PREMIUM
1.	Cars & Small Taxis			
2.	Goods Vehicles		XR20.00	=R.....
3.	Taxis (Seating 7 – 19)		XR45.00	=R.....
			XR45.00	=R.....
				<b>=R.....</b>
CATEGORY	DESCRIPTION	TOTAL VALUE OF ALL	RATE	TOTAL PREMIUM
4.	Car/Vehicle Ferrying Companies and/or Auto	R	X0.0086%	=R.....
5.	Carrying Companies and Motor Traders	R	X0.400%	=R.....
	Buses	R	X 0.036%	=R
6.	Mobile Plants	R	as Agreed	=R
7.	BRT			
	Net Additional/ Refund Premium		Annual Premium	<u>=R.....</u>
			Less Premium Paid	=R.....

=R .....

Sasria strives for excellence, should we fail to deliver on our service promises, please email your complaint to [contactus@sasria.co.za](mailto:contactus@sasria.co.za)

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x 50%

=R .....

Signed this ..... day of ..... 20.....

.....  
for : Non Mandated Intermediary/UMA