



Sasria SOC Limited
P.O. Box 653367, BENMORE, 2010
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 36 Fricker Road,

GENERAL ENDORSEMENT

NUMBER YEAR

GE	/
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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	Bus Make.....Reg..... Cat.....Value R.....
Replaced by	Bus Make.....Reg.....Cat..... Value R.....

11. Change of Registration No.	From To (Single Vehicle Policies only)																
12. Change / addition of Company Registration Number:	From To																
13. Change / addition of Holding Company:	From To																
14. Change / addition of Risk Address:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Risk Address 1:</td> <td style="width: 50%;">Risk Address 2:</td> </tr> <tr> <td>Street name and number:</td> <td>Street name and number:</td> </tr> <tr> <td>Risk City:</td> <td>Risk City:</td> </tr> <tr> <td>Postal Code:</td> <td>Postal Code:</td> </tr> <tr> <td>Risk Address 3:</td> <td>Risk Address 4:</td> </tr> <tr> <td>Street name and number</td> <td>Street name and number:</td> </tr> <tr> <td>Risk City</td> <td>Risk City:</td> </tr> <tr> <td>Postal Code.....</td> <td>Postal Code:</td> </tr> </table>	Risk Address 1:	Risk Address 2:	Street name and number:	Street name and number:	Risk City:	Risk City:	Postal Code:	Postal Code:	Risk Address 3:	Risk Address 4:	Street name and number	Street name and number:	Risk City	Risk City:	Postal Code.....	Postal Code:
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Risk City:	Risk City:																
Postal Code:	Postal Code:																
Risk Address 3:	Risk Address 4:																
Street name and number	Street name and number:																
Risk City	Risk City:																
Postal Code.....	Postal Code:																
15. Premium	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">PREMIUM: R.....</td> <td style="width: 50%;">REFUND PREMIUM: R.....</td> </tr> <tr> <td colspan="2" style="background-color: yellow;"> The above premium is inclusive of Value Added Tax at a standard rate. </td> </tr> </table>	PREMIUM: R	REFUND PREMIUM: R	The above premium is inclusive of Value Added Tax at a standard rate.													
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16. Change of Insurer/Broker	From To																

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)