

## NEW BUSINESS ACTIVATION FORM

### COMMERCIAL / AGRI BUSINESS / PERSONAL

#### BUSINESS

Business Name		Client's Name	
Client's Occupation		ID Number	
Company Reg Number		VIN Number	
Business Description			
Street Address			
Postal Address			
Telephone		Fax	
E-Mail		Contact Person	

#### VEHICLE DETAILS

Model		Registration Number	
Value of an Asset		Inception Date	
Debit Order Date		Rated Percentage	
Premium Calculated			

#### INSURANCE DETAILS

Details of Losses over last three years				
Has any insurer cancelled, refused or applied any special terms to your policy (details)				
Name		Capacity		Date
Insured Signature				



**SPECIALIZED INSURANCE COMPANY LIMITED** | Registration Number 50508

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Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele