



Live in a better State of mind

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FACULTATIVE PREMIUM PAYMENT REQUISITION

ACCOUNTS SECTION:

PART I

Please arrange to remit sum of US/STG/CDN \$_____ to _____
and return triplicate copy of this document completing relevant information .

Brief particulars of cover as follows:-

INSURED: _____ RISK: _____

Covernote No.: _____ Date: _____

Effective Date of Risk: _____ Effective date of Fac. Cvr _____

Payment warranty: Days / 30 / / 45 / / 60 / / 90 / / 120 / / 180 / / none /

Date:

Prepared by: Manager:

FACULTATIVE SECTION:

PART II

Remittance particulars are as follows:-

Amount remitted: EC\$._____ Equivalent US/STG/CDN \$._____
@ rate.

Draft # _____ Date: _____ Drawn on _____

City _____ Country _____

If remittance was arranged telegraphically:

Date of our instructions to Bank: Amount:

Date of Transfer by Bank:

Name of Corresponding Bank:

PART III

We have not remitted amount stated in Part I For the reasons
mentioned below:-

1. Payment offset by us
2. Payment offset by broker
3. Insufficient information
4. Broker invoice not available
5. E Form Approval awaited D/ Application
6. Departmental delay

Date:

Accountant: