

BUSINESS INSURANCE APPLICATION FORM



Agents Name: _____ Policy Number

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YOUR DUTY OF DISCLOSURE

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal conviction in the last 7 years;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- anything that reduces the risk of an insurance claim;
- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

UNDERINSURANCE

1. Some of the insurance policies contain a provision making them subject to average.
2. That provision will have effect only if the property insured under the policy is underinsured at the time of loss.
3. If the property insured under the policy is underinsured at the time of loss, the following will apply:
 - (a) if you suffer total loss, the provision will have no effect.
 - (b) if you suffer a partial loss, the maximum amount you may recover will bear the same proportion to your actual loss as the amount for which the property insured bears to the full value of the property.
 - (c) whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

For example: Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. If your policy is subject to average, the maximum amount you may recover will be \$2,500.

DETAILS OF APPLICANT(S)

New Client ☐ Existing Client ☐

First Name: _____ Surname: _____

POSTAL ADDRESS

Number/Street: _____

Suburb: _____ Town/City: _____

CONTACTS

Business Phone: _____ Mobile: _____ Private Phone: _____

Email: _____ Website: _____

Customers Occupation: _____ Area of Operation: _____

Period of Insurance: _____ From: _____ To: _____ at 4pm

Interested Parties: _____

PAYMENT OPTIONS

How do you wish to pay? Annually ☐ Quarterly* ☐ Monthly* ☐ *Please complete the Flexisteps Pay Plan form.

MATERIAL DAMAGE

PROPERTY DETAILS

Premises Occupied as: _____

Situation (physical address) of Risk: _____

SUMS INSURED

The extensions listed below have standard sub limits and standard excesses applicable. If you wish to select a different amount to the standard, please specify amount in the table below:

	BUILDING /CONTENTS/STOCK	MATERIAL DAMAGE		NATURAL DISASTER	
		Sum Insured	Rate/Premium	Sum Insured	Rate/Premium
BRV	Building - reinstatement (see attached worksheet)				
RVB BRV	Building – replacement				
BIV IND	Building – indemnity				
PRV	Contents of Building - reinstatement (see attached worksheet)				
RVP	Contents of Building - replacement				
PIV IND	Contents of Building - indemnity				
STK	Stock				
Optional Property					
Optional Extensions					
TFT	Theft Cover				
RSK*	Refrigerated Stock				
* Not included in total sum insured. TOTALS		\$	\$	\$	\$

Total Fire Service levies	TOTALS	\$
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EXCESS

\$ _____ S / C / V _____ Burglary \$ _____ S / C _____

CONSTRUCTION

Type: Brick: ☐ Wood: ☐ Mixed: ☐ No. of Storeys: _____ Year Built: _____

If built pre-1935, is it strengthened for earthquake? Yes ☐ No ☐

SECURITY / SAFETY

Please indicate which of the following apply to the premises:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is it alarmed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'Yes', is it monitored? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are there fire extinguishers/fire protection equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are there single supply sprinklers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are there dual supply sprinklers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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WARRANTIES/GENERAL PAGE NOTES

P/N

CSR MATERIAL DAMAGE

Accum reg: ☐ ☐ ☐ ☐ RI class: ☐ ☐ ☐ ☐ ☐ RI method: ☐ Occpn code: ☐ ☐ ☐
 Co-insurance: ☐ ☐ ☐ ☐ Fire appliance: ☐ Next survey: ☐ ☐ ☐ ☐ ☐ ☐ Type of risk: CSR:
 Type of cover: ☐ Interested party?: No ☐ Yes ☐ Valuation?: No ☐ Yes ☐

CEC NATURAL DISASTER

Co-insurance: ☐ ☐ ☐ ☐ Type of risk: ☐ Type of cover: ☐ Date of construction: ☐ ☐ ☐ ☐ ☐ ☐
 Strengthened: ☐ Storeys: ☐ Frame: ☐ Main usage: ☐

BUSINESS INTERRUPTION

PROPERTY DETAILS

Premises Occupied as: _____

Situation (physical address) of Risk: _____

SUM INSURED

		MAX I.P Months	MATERIAL DAMAGE		NATURAL DISASTER	
			Sum Insured	Rate /Premium	Sum Insured	Rate /Premium
INP	Loss of Insured Profit (Including increased cost of working)					
REV	Loss of revenue					
RRV	Loss of rents					
DWB	Dual wages - 100% for the balance with the option to consolidate to weeks, plus % weeks					
WLN	Wages in lieu of notice weeks					
PDB	Dual Payroll - 100% for the balance with the option to consolidate to weeks, plus % weeks					
PFB	Payroll					
RED	Redundancy Pay					
AEW	Additional increased cost of working					
CPC	Claim preparation costs					
232	Book debts					
ROR	Rewriting of records					
		TOTALS	\$	\$	\$	\$

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CSP BUSINESS INTERRUPTIONAccum reg: ☐ ☐ ☐ ☐ RI class: ☐ ☐ ☐ ☐ ☐ ☐ RI method: ☐ Occpn code: ☐Co-insurance: ☐ ☐ ☐ ☐ Type of risk: ☐ Type of cover: ☐**CEC NATURAL DISASTER**Co-insurance: ☐ ☐ ☐ ☐ Type of risk: ☐ Type of cover: ☐ ☐ ☐ ☐ ☐**SUM INSURED CALCULATIONS**

Difference Basis	
Turnover	\$
Plus closing stock	\$
Subtotal	\$
Less opening stock	\$
Subtotal	\$
<i>Deduct uninsured variable working expenses as listed below:</i>	
1. Purchases	\$
2. Wages	\$
3. Power	\$
4. Consumable Stores	\$
5. Cartage	\$
6. Packing Materials	\$
7. Bad Debts	\$
8. Discount	\$
9.	\$
Subtotal	\$
<i>Plus allowance for trend in the business anticipated during the next 12 months</i>	\$
<i>Plus allowance for trend in the business anticipated during the indemnity period</i>	\$
INSURED PROFIT	\$

Net Profit & Insured Standing Charges	
Net Profit (before tax)	\$
<i>Plus insured standing charges (non variable) including all wages and salaries unless insured separately.</i>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
Subtotal	\$
<i>Trend</i>	\$
<i>Trend</i>	\$
INSURED PROFIT	\$

MOBILE BUSINESS ASSETS**PROPERTY DETAILS**

Premises Occupied as: _____

Situation (physical address) of Risk: _____

SITUATION

Anywhere in New Zealand: _____

SUMS INSURED CALCULATIONS

	MATERIAL DAMAGE		NATURAL DISASTER	
	Sum Insured	Rate	Sum Insured	Rate
TOTALS	\$	\$	\$	\$

Total Fire Service levies	TOTALS	\$
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ARC MOBILE BUSINESS ASSETS

Accum reg: ☐ ☐ ☐ ☐ RI method: ☐ Co-insurance: ☐ ☐ ☐ ☐ Type of cover: ☐

CEC EARTHQUAKE

Accum reg: ☐ ☐ ☐ ☐ RI class: ☐ ☐ ☐ ☐ ☐ ☐ RI method: ☐ Co-insurance: ☐ ☐ ☐ ☐

Type of cover: ☐

BROADFORM LIABILITY APPLICATION

BRD

Sums Insured:

The extensions listed below have standard sub limits and standard excesses applicable. If you wish to select a different amount to the standard, please specify amount in the table below:

Item	Automatic Extension Limits	Automatic Extension Increased Limits	Minimum Excess	Alternate Excess	Annual Premium
PPL Public and Products Liability	\$	N/A	\$500		
BLB Bailee's Liability	\$250,000		\$1,000		
DDL Defective Design Liability	\$250,000		\$1,000		
WRL Watercraft Repair Liability	\$250,000		\$1,000		
523 Forest and Rural Fires Act 1977	\$250,000		\$500		
SRL Motor Service and Repair Liability	\$250,000		\$1,000		
VIB Vibration, Removal, Weakening of Support Liability	\$250,000		\$5,000		

Total Annual Premium \$ _____

Products Liability:

1. List all your products (or attach any catalogues, brochures, price lists, if issued): _____

2. Do you export your products?

Yes ☐

No ☐

If "Yes", please complete questions 3 to 5 below.

3. Give details of products supplied and estimates of gross turnover sold or distributed

Country	Product Description	Actual Turnover Last Year	Est. Turnover This Year
New Zealand		\$	\$
Australia		\$	\$
North America		\$	\$
Japan		\$	\$
Other - Specify		\$	\$

4. If any parts of your products are not manufactured by you, please give details of the supplier(s):

5. (a) Please give details of your quality control procedures for testing and research for all products, both new and existing, before sale/distribution:

(b) Please give details of the complaints procedure/claims handling and records kept of such complaints/claims:

(c) Does your business have an ISO 9000 series approval?

Yes ☐

No ☐

If "Yes", please state which one:

(d) Have the products been vetted by your legal advisors to conform to statutory, government or other regulations of the countries to which they are exported?

Yes ☐

No ☐

If "Yes", please give details:

STATUTORY LIABILITY APPLICATION

STL

STL	Statutory Liability	Sum Insured \$	Excess \$	Annual Premium

1. Have any circumstances in the last 5 years ever occurred which could result in a claim under this cover you are applying for?

Yes ☐

No ☐

If "Yes", please give details below and/or on a separate page:

Resource Management Act:

1. Do you need, or have you ever applied for, a resource consent and/or certificate of compliance under the Resource Management Act?

Yes ☐

No ☐

If "Yes", please attach a copy of the consent and/or certificate of compliance.

Building Act:

1. Does any building owned, leased or tenanted by you require a building consent or an annual building warrant of fitness?

Yes ☐

No ☐

If "Yes":

(a) are the consents and/or warrants of fitness current?

Yes ☐

No ☐

If "No", please give reasons:

(b) Do you have appropriate systems in place to ensure that they are checked and kept current?

Yes ☐

No ☐

If "No", please give reasons:

EMPLOYER'S LIABILITY APPLICATION

EMP

EMP	Employers Liability	Sum Insured \$	Excess \$	Annual Premium

1. (a) Annual ACC levy: \$

(b) Number of staff employed:

2. Are you an "exempt" or "accredited" employer under current ACC legislation?

Exempt ☐ Accredited ☐

3. Do any operations involve the use of machinery?

Yes ☐

No ☐

If "Yes", please give full details:

4. Have any circumstances ever occurred which could result in a claim under this cover you are applying for? Yes ☐

No ☐

If "Yes", please give full details:

[illegible]

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WARRANTIES/GENERAL PAGE NOTES

P/N

Business: R/I Co-ins Business:

Situation: Boardform: Anywhere in the world or:

Rating Factor: Amount:

Product Tty: Products:

RATING FACTOR

T Turnover
W Wages
E Number of employees
B Number of beds
V Number of vehicles

RATING FACTOR

A Area/metres squared
P Number of properties
S Specify details

GOODS/PRODUCTS
TERRITORY

Z New Zealand
A Australia
W Worldwide
X Worldwide excluding USA,
Canada, Japan and Europe

GOODS/PRODUCTS
TERRITORY

Y Worldwide excluding USA
& Canada
S Specify countries

COMMERCIAL MOTOR VEHICLE

VEHICLE DETAILS

Gross Vehicle Weight or CC Rating: For cars, utes, vans and light trucks up to 3,500kgs, please provide the engine cc rating (e.g. 2000cc). For trucks, trailers, mobile plant over 3,500kgs, please provide the gross vehicle weight (GVW).

Sum Insured: The Sum Insured shall include sign writing and all accessories affixed to the insured vehicle, but should exclude GST and be no less than market value.

Cover Type: Please indicate which cover is to apply in the cover column above:

C = Comprehensive. **F** = Third Party, Fire Theft and Illegal Conversion. **T** = Third Party only.

Named Driver Discount: For business cars only (i.e. not truck, vans, etc.) you can choose to apply for a Named Driver Discount for up to two drivers, aged 25 or over, per car. If you would like to apply for this discount, please tick relevant column.

No.	Year of Manufacture	Make, Model and Type of Vehicle	Registration Number	Gross Vehicle Weight or CC rating	Sum Insured	Cover Type	Yes/No	Named Driver Discount Drivers Names
1								
2								
3								
4								
5								
6								
7								

OPTIONAL EXTENSIONS

TICK where required. Please refer to policy wording for full definitions of extension. If an increase to the standard policy limits is required, please provide details.

	Item	1	2	3	4	5	6	7	8	9	10
SMP	Agreed Value - Specialist Mobile Plant Only (Valuation Required)										
AMP	Appreciation - Mobile Plant Only										
303	Foreign Objects										
LOU	Loss of Use										
RFC	Liability for Rental Vehicles (Full Cover)										
RRE	Liability for Rental Vehicles (Restricted Cover)										

VEHICLE USE

1. Do any of your vehicles have a regular run of over 150km in each run more than once a week? Yes ☐ No ☐
2. Do the vehicle(s) operate for more than 10 hours a day? Yes ☐ No ☐
3. Are any of the vehicles designed and used for bulk transportation of inflammable liquids or gases? Yes ☐ No ☐
4. Do you carry toxic chemicals, acids, explosives or items considered dangerous? Yes ☐ No ☐
5. Do you hire out any of your vehicles without your driver? Yes ☐ No ☐
6. Are any vehicles used, or intended to be used, airside at any airport? Yes ☐ No ☐
7. Are the vehicles fitted with any anti-theft devices or fire extinguishers? Yes ☐ No ☐
8. Has any vehicle been altered from the manufacturer's original specifications? Yes ☐ No ☐

If you answered "Yes," to any of questions 1 to 8 above, please give details below and/or on a separate page.

9. Where are the vehicles normally housed when not in use? (i.e. locked garage, locked yard, etc). _____

10. Are any of your vehicles principal drivers under 25 years of age? Yes ☐ No ☐

If "Yes", please give full details:

Full Name of Driver	Date of Birth	Male/Female	Years Licensed	Vehicle Driven

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P/N

PREVIOUS INSURANCE

1. Have you previously held Business insurance? Yes ☐ No ☐

If "Yes", please list all insurers for the last 5 years:

Insurance Company	Branch	Period From	Period To	Policy (if known)

2. Have you had any accidents, claims or losses, whether or not the subject of an insurance claim, in the past 5 years? Yes ☐ No ☐

If "Yes", please give full details, below and/or on a separate page:

Date of Event	Description of Event	Insurance Company	Total Cost

3. Have you ever had a claim declined by an insurer? Yes ☐ No ☐

If "Yes", please state insurer and give full details of event:

4. Have you ever been refused insurance, refused to have insurance continued, or had special terms imposed on you by any insurer? Yes ☐ No ☐

If "Yes", please state insurer and give full details:

GENERAL QUESTIONS

1. Does anyone (other than the Insured) have a financial interest in any property?

Yes ☐No ☐

If "Yes", please give details of interested party: _____

Name: _____

POSTAL ADDRESS

Number/Street: _____

Suburb: _____

Town/City: _____

2. Have you ever:

(a) been imprisoned for any criminal offence, or

(b) had any other conviction for any other criminal offence within the last 7 years, or

(c) had any prosecution pending for any criminal offence?

Yes ☐No ☐

If "Yes", please give full details: _____

3. Is there any other information which could affect the acceptance of this insurance?

Yes ☐No ☐

If "Yes", please give full details: _____

PRIVACY ACT STATEMENT

We gather information about you (including your claims history) to consider your application for insurance. Your duty of disclosure requires you to do this. If you refuse to provide the information, we may decline your application or declare this policy unenforceable from the beginning.

This information is held by us and you may access and seek correction of it. It may be passed on to other insurers you deal with, and interested parties.

Your claims history is passed on to, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

AGREEMENT

I agree that:

1. MATERIAL FACTS

(a) All information given to NZI (whether oral or written) is correct,

(b) All material facts have been disclosed (see "Your Duty of Disclosure" on page 1).

2. TERMS OF POLICY

The terms of NZI's policies are accepted.

3. USE OF INFORMATION

All personal information collected by NZI may be:

(i) used by NZI to advise me of its other services,

(ii) disclosed to other members of the insurance industry and Insurance Claims Register Ltd.

Any personal information held by other members of the insurance industry and Insurance Claims Register Ltd may be disclosed to NZI.

4. AGENCY

Anyone who assists me to complete this Application Form is acting as my agent only.

Signed by the customer or customer's broker or agent:

Signature: _____ Name: _____

Position: (Director, Secretary etc.): _____ Date: _____

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Agent No: Client No:

Abbreviated Name:

Service Codes:

Office: By: Occ Code:

OFFICE USE FOR FLEXISTEPS ONLY

Review Date:

Pay Plan:

Months Paid: Premium Paid: \$

First Instalment Date: Receipt No:

UNDERWRITING ACTION

Survey on file? No ☐ Yes ☐Survey required? No ☐ Yes ☐RI classification: No ☐ Yes ☐Accum. Reg Advice? No ☐ Yes ☐Date A.R. Advised: No ☐ Yes ☐Reinsurance required? No ☐ Yes ☐

ACCEPTANCE ACTION

Serviced by code:

Personal authority? No ☐ Yes ☐Manager authority? No ☐ Yes ☐Head office UAA? No ☐ Yes ☐

Accepted by:

Date accepted:

Notes:

.....

.....

.....

.....

INSURANCE COVER TAKEN / NOT TAKEN

Customer's name

Agent's name

Policy Number

B

P

K

PROPERTY INSURANCE

Cover Taken

Cover Not Taken

- Material Damage (page 3)

☐☐

- Business Interruption (page 4)

☐☐

- Mobile Business Assets (page 6)

☐☐

LIABILITY INSURANCE

- Broadform Liability (page 8)

☐☐

- Statutory Liability (page 10)

☐☐

- Employer's Liability (page 10)

☐☐

COMMERCIAL MOTOR INSURANCE

- Commercial Motor Insurance (page 11)

☐☐

AGREEMENT AND PRIVACY ACT STATEMENT (page 14 - must be completed)

OTHER INSURANCE (complete separate supplementary questionnaire for each)	Cover Taken	Cover Not Taken
• Fidelity Guarantee	<input type="checkbox"/>	<input type="checkbox"/>
• Income Protection	<input type="checkbox"/>	<input type="checkbox"/>
• Carrier's Transit Liability	<input type="checkbox"/>	<input type="checkbox"/>
• Machinery Breakdown	<input type="checkbox"/>	<input type="checkbox"/>
• Machinery Breakdown - Business Interruption	<input type="checkbox"/>	<input type="checkbox"/>
• Stock Deterioration	<input type="checkbox"/>	<input type="checkbox"/>
• Electronic Equipment	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

[illegible]

NOTES

[illegible]



NAME OF ACCOUNT:

NEW ZEALAND INSURANCE
BRANCH STAMP

BANK ACCOUNT FROM WHICH PAYMENTS TO BE MADE:

Customer to complete bank/branch number, account number and suffix of account to be debited

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK		BRANCH NUMBER			ACCOUNT NUMBER						SUFFIX			

AUTHORITY TO ACCEPT
DIRECT DEBITS

(NOT TO OPERATE AS AN
ASSIGNMENT OR AGREEMENT)

AUTHORISATION CODE
2700186

TO: THE BANK MANAGER

Bank	Branch
P O Box	
Town/City	

I/We authorise you until further notice in writing to debit my/our account with all amounts which NZI, a business division of IAG New Zealand Limited (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on the reverse of this form.

Information to appear on my/our bank statements

Payer Particulars	Payer code	Payer reference
N Z I <input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Account - customer to complete

Authorised Signature(s)

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Approved

0018

12 | 1990

Original
Copy

- Retain at branch
- Forward to Initiator if requested in addressed and postage prepaid envelope provided

Date received:

Recorded by:

Checked by:

BANK STAMP

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator

- (a) Undertakes to give written notice to the Acceptor of the commencement date, frequency and amount at least ten calendar days before the first direct debit is drawn (but not more than two calendar months).

In the event of any subsequent change to the frequency or amount of the direct debits, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.

- (b) May, upon the relationship which gave rise to this authority being terminated, give notice to the Bank that no further direct debits are to be initiated under the authority. Upon receipt of such notice the Bank may terminate this authority as to future payments by notice in writing to me/us.

2. The Customer may:

- (a) At any time, terminate this authority as to future payments by giving written notice of termination to the Bank and the Initiator.
- (b) Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such direct debit initiated by the Initiator by debiting the amount of the reversal or alteration of a direct debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the direct debit was debited to my/our account.

3. The Customer acknowledges that:

- (a) This authority will remain in full force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- (d) The Bank accepts no responsibility or liability for the accuracy of information about direct debits on bank statements.
- (e) The Bank is not responsible for, or under any liability in respect of:
 - any variations between notices given by the Initiator and the amount of direct debits.
 - the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time to time.