

Action for Market Towns Insurance

Full Name of Organisation/Company _____	Charitable status YES/NO (delete as appropriate)
Name of main contact _____	Date Organisation Formed _____
Address _____	Number of Employees _____
_____	Salary Bill _____
_____	Clerical/Admin _____ (please indicate)
Post Code _____	Salary in respect of manual workers _____
Telephone _____	Number of Volunteers _____
Email _____	Annual Projected Income _____
Please give description of activities (up to 50 words) or enclose publicity literature _____	
Please answer each of the following questions to assist with risk assessment If you answer YES to any of the questions – please provide full details on separate paper	
1. Do you have any fund raising events? _____	
2. Do you have any manual activities (incl. leaflet drops)? _____	
3. Are you aware of any situation which has given rise to, or could have given rise to, - a claim in the past 3 years? _____	
Signed _____ Date _____	
Flat Rate Premium £142.40 (incl IPT) + £30 Admin Fee, pro rata	Extra £5m Public Liability @ £78.75 + IPT
<small>Please tick ✓</small>	<small>Please tick ✓</small>
<small>Do you wish to pay by Direct Debit (mandate overleaf)</small>	<small>Please tick ✓</small>

Please return to: **Anna McGowan, Membership Co-ordinator**
Action for Market Towns
5 Baxter Court
Higher Baxter Street
Bury St Edmunds
Suffolk
IP33 1ES

Or Fax: **01284 76181**



Policy Number **XAO 122027 0323**

Underwritten by Zurich Municipal



Eazipay Ltd re Action for Market Towns

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen.

Eazipay Ltd re Action for Market Towns C/O Unit 5 Baxter Court High Baxter Street Bury St Edmunds Suffolk IP33 1ES
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Service User Number

6	9	4	3	9	6
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Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

FOR Eazipay Ltd re Action for Market Towns OFFICIAL USE ONLY This is not part of the instruction to your Bank or Building Society.
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Instruction to your Bank or Building Society

Please pay Eazipay Ltd re Action for Market Towns Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Eazipay Ltd re Action for Market Towns and if so, details will be passed electronically to my Bank/Building Society.

Signatures
Date

Reference

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DD11

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Eazipay Ltd re Action for Market Towns will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Eazipay Ltd re Action for Market Towns to collect a payment, Confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Eazipay Ltd re Action for Market Towns or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Eazipay Ltd re Action for Market Towns asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written Confirmation may be required. Please also notify us.