Banker's Orderor	Note Please fill out form clearly in block text or typed. A MARRICAN A MARRICAN Please debit the indicated amount from Account # indicated and remit the monies to British American Insurance Co. Ltd at the Head Office - 11-13 Fifth Street, Barataria.										
Bank Account #:	Bank Branch or Name of "Other" Institution **										
First Name:	Last Name:										
							ن				
Starting Date dd/mm/yy:	n Offices: POLICY NO:										
	Port of Spain										
Dollars: Cents											
	Tobago										
Frequency:	Tunapuna										
Single Deduction only				FOR	ROF	FICE	USE				
Monthly Chaguanas				POLIC	CY#				AMC	DUN.	
Quarterly			_ }								\dashv
Semi-Annually			t					_			\neg
Annually			t								
Date:	Signature:		¬ [-
			-	-	OTA						-
Form No. 3770T Revised 08/13 - British American Insurance	Comment (Trinded) miled					NAME OF TAXABLE PARTY.				etronico A	- same of

FOR ACH CREDIT:
Company Trading Name:
Company Address:
Name of Financial Institution:
Address of Financial Institution:

Account Number:

British-American Insurance Company (Trinidad) Limited 11-13 Fifth Street, Barataria Republic Bank Limited Eastern Main Road, San Juan (Chequing) 320424937001