

PAYMENT MANDATE

[For use when your Insurance Company will pay for all costs (exc VAT if you are VAT registered) associated with the Services]

This is a mandate by me/us to our Insurers [insert name] _____ to pay ISS directly for providing the aforementioned Services. I understand that if I authorise or request for ISS to carry out work over and above the Services described in the Works Authorisation, I shall be solely responsible for payment in full of such additional work.

Name of Customer (you): _____

Company VAT No: _____

Company Registration No: _____

Home or Business Address: _____

Address where Services are to be performed (if different to the above): _____

Project No: _____

Policy No: _____

Claim No: _____

Authorised signatory for or on behalf of the Insured: _____

Print name: _____

Position: _____

Date: _____