**{{ reinsured }}**

{{ recipient\_a\_address\_line\_1 }}

{{ recipient\_a\_address\_line\_1 }}

{{ date }}

**DEBIT NOTE**

**REFERENCE NUMBER:** {{ reference\_a }}

**TYPE:** {{ type }} as per slip no: {{ slip\_no }}

**REINSURED** {{ reinsured }}

**INSURED** {{ insured }}

**POLICY PERIOD** {{ period }}

**PAYABLE AMOUNT:** {{ amount }} (Due to ReHub)

**TERMS OF PAYMENT** Full premium to be paid on {{ term }}

**REHUB**

**BANK DETAILS** Please send amount to below bank accounts;

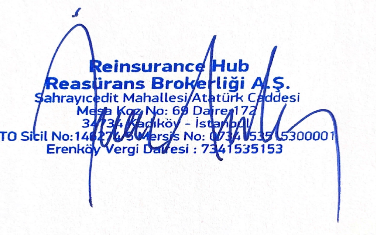
Bank : Garanti Bankasi

Currency : {{ currency }}

IBAN No : {{ iban }}

Please examine this document carefully and if for any reason it is incorrect contact us immediately.

**REINSURANCE HUB REASÜRANS BROKERLİĞİ A.Ş. {{ recipient.a }}**



**{{ recipient.b }}**

{{ recipient.b\_address\_line\_2 }}

{{ recipient.b\_address\_line\_2 }}

{{ date }}

**DEBIT NOTE**

**REFERENCE NUMBER:** {{ reference\_b }}

**TYPE:** {{ type }} as per slip no: {{ slip\_no }}

**REINSURED:** {{ reinsured }}

**INSURED:** {{ insured }}

**POLICY PERIOD:** {{ period }}

**TOTAL PREMIUM:** {{ premium }} (Due to {{ reinsurer }})

**TERMS OF PAYMENT:** Full premium to be on {{ term }}

Please examine this document carefully and if for any reason it is incorrect contact us immediately.

**REINSURANCE HUB REASÜRANS BROKERLİĞİ A.Ş. {{ recipient.b }}**

