**{{ 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 }}**

