**{{ 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 }}**

