



**SECTION 18 and 20 RESIDENTIAL - PREMIUM DECLARATION**

Supplier	_____
Postal Address	_____ _____ _____
Date	_____ GST No _____

<p><b>The Chief Executive Earthquake Commission PO Box 790 WELLINGTON</b></p> <p><b>accounts@eqc.govt.nz                      Account No: 06-0501-00630203-000</b></p>	
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Particulars of premiums payable by the \_\_\_\_\_  
for the month of \_\_\_\_\_ 20 \_\_\_\_\_ pursuant to the provisions of the Earthquake  
Commission Act 1993 and Regulations thereunder.

Premium payable and calculated at the rate prescribed in the Earthquake Commission Act 1993 and Regulations.	\$0.00
Less premiums allowed during the month on which EQC premiums are included in this or previous returns.	\$0.00
<b>Total premiums payable, exclude GST</b>	<b>\$0.00</b>
Plus      GST on premiums payable	\$0.00
<b>AMOUNT PAYABLE/(RECEIVABLE)</b>	<b>\$0.00</b>

I, \_\_\_\_\_ (NAME) \_\_\_\_\_ (OCCUPATION) certify that the above

is a true and faithful return of the premiums payable by the \_\_\_\_\_  
to EQC in terms of the Earthquake Commission Act and regulations. Accordingly to the books of the company and to  
the best of my knowledge and belief that payment is correct.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_ (Manager, Secretary, Accountant, Agent)