



Debit Order

Confidential

CSA ref

The Manager

PO Box

Postal Code

Policy number

Commencement date

Deduction date day of month

Indicate how your premium will be paid: Monthly Annually

Account details are as follows:

Bank

Branch name and town

Branch code Account number

Type of account Current (Cheque) Transmission Savings
 [Please tick (✓) the applicable box] (Cancelled cheque required)

Please indicate name of account holder

If cheque account, a cancelled blank or used cheque must be attached.
If transmission/savings account, documentary evidence of the account number must be produced.

Debit order authority

I/We hereby request and authorise you to draw against my/our account with the abovementioned bank (or any other bank/branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium due in respect of the abovementioned insurance. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We agree to pay the bank charges in connection with this instruction and authorise you to increase the value of each withdrawal so as to recover the costs thereof in accordance with the South African clearing bank's tariff in force at the time.

- I/We understand that:
- 1 the withdrawals hereby authorised will be processed by computer;
 - 2 details of each withdrawal will be reflected on my/our bank statement or on the accompanying voucher; and
 - 3 the obligation to ensure that my/our monthly premiums are received by you remains with me/us despite the granting to you of this debit order authority.

I/We undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premiums due in respect of the abovementioned insurance are duly drawn by you in terms of this debit order authority and I/we record that your acceptance of this debit order authority in no way places any onus on you to ensure that the monthly withdrawals of the amount referred to herein are made.

This authority shall continue in full force and effect until cancelled by me/us by giving you 30 (thirty) days' written notice thereof, sent to you by fax/email, but I/we understand that I/we shall not be entitled to any refund of any amount which you have withdrawn while this authority was in force unless I/we can prove that any such amounts were not legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank.

Signed at _____ on _____

Signature of accountholder