

DEBIT ORDER INSTRUCTION FORM

Please return the fully completed form to **your broker**



SINCE
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Policy no: Insured name:

Policy administrator:

Please complete this form electronically and email back to your broker.

Insured full name:

Email address: Telephone number:

Cell number: Fax number:

Postal address:

Postal code:

Occupation: VAT no:

Banking details: (Current, transmission or savings account only – unfortunately no credit cards)

Herewith the bank account details for the account holder:

Type of account:

Branch code:

Bank name:

Account number:

Account holder name:

Collection date: 1st 7th 10th 16th (or next working day of each month)

If the insured full name is different from the account holder name, or if the insured elects that payment be made into an account other than the insured's designated / premium account, please provide a reason / justification and attach confirmation of bank account details:

Declaration:

I hereby request and authorise **Safire Insurance Company Limited** to draw against the above account (or any other bank to which I may transfer my account) the amount necessary for payment of the monthly premiums and administration charges due in respect of the short-term insurance herein proposed and accepted. The amount of the debit may vary from time to time in response to or following any change in cover, risk, sum insured or premium rates.

Should the bank for any reason reclaim from **Safire Insurance Company Limited** any amounts paid in terms of this debit order instruction, I undertake to refund such amounts to **Safire Insurance Company Limited**.

This authority shall be cancelled should I give **Safire Insurance Company Limited** 30 (thirty) days' notice in writing to this effect, but I understand that I shall not be entitled to any refund of amounts which may have been lawfully withdrawn whilst this authority was in force and if such amounts were legally owing to **Safire Insurance Company Limited**.

Receipt of this instruction by **Safire Insurance Company Limited** shall be regarded as being a receipt by my bank.

Should I change my banking details I will advise **Safire Insurance Company Limited** timeously and in writing of such changes.

I agree that this debit order authority is at all times to be read in conjunction with and subject to the terms of my applicable insurance policy or policies.

Signed at on this the day of 20

Signature of account holder:

If the insured is a company / close corporation / trust, please attach a copy of the resolution authorising you to sign on behalf of the company / close corporation / trust.

Please note that an administration fee of R85.00 will be levied for any returned debits. In the event of a single returned debit, we will endeavour to process a double debit the following month. Should the double debit fail, any policy that has 2 (two) consecutive returned debits will be subject to cancellation at **Safire Insurance Company Limited's** discretion. With regret, no claims will be entertained for clients with any outstanding debits.

By signing this document you consent to **Safire Insurance Company Limited** collecting and storing your information for the purpose of insurer payment at your request and may distribute said information for the purpose of fulfilling our role as your insurer. **Safire Insurance Company Limited** will ensure your information is kept confidential and will only be used for the express purpose of insurance processes directly related to your policy.

For office use only

Processed By:

Date: