

Debit Order Instruction Form

Please return completed form to your broker



SINCE
87

CLIENT DETAILS

Policy number	<input type="text"/>	Broker	<input type="text"/>
Insured full name	<input type="text"/>		
ID number	<input type="text"/>	Tel Number:	<input type="text"/>
Email address	<input type="text"/>		

DEBIT ORDER BANKING DETAILS

Current, transmission or savings account only
- unfortunately, no credit cards

Cannot be before proposal is accepted by Safire, unless prior hold covered arrangements have been made.

Account Type	<input type="text"/>		
Bank Name	<input type="text"/>	Branch Code	<input type="text"/>
Account holder name	<input type="text"/>		
Account number	<input type="text"/>		
Collection date	<input type="text"/> 1 st	<input type="text"/> 7 th	<input type="text"/> 10 th <input type="text"/> 16 th (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.

DEBIT ORDER DECLARATION

I hereby request and authorise **Safire Insurance Company Limited (Safire)** 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.

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

Should I change my banking details I will advise Safire 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.

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's discretion. With regret, no claims will be entertained for clients with any outstanding debits.

By signing this document, you consent to Safire 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 will ensure your information is kept confidential and will only be used for the express purpose of insurance processes directly related to your policy.

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		

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

THANK YOU FOR CHOOSING SAFIRE!

TEL: 033 264 8500 / 033 815 9300

EMAIL: admin@safireinsurance.com

WEBSITE: www.safireinsurance.com

