

## DEBIT ORDER AUTHORITY FORM

### PRINCIPAL INSURED DETAILS

Please complete this form in black ink and CAPITAL letters

Policy Number:

Name and Surname:

ID number / Passport:  Mr  Mrs  Miss  Dr  Other

Date of birth:  Email Address:

Contact details: Home no.:  Work no.:

Fax no.:  Cell no.:

Postal address:

Code:

Residential address:

Code:

### DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank:  Standard Bank  ABSA  FNB  Nedbank

Other:

Account type: Cheque  Savings  Transmission  Other

Debit order day: 1st  7th  15th  25th

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Sirago Underwriting Managers (Pty) Ltd. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment.

Signature of account holder  Date:

### BANKING DETAILS FOR REFUNDS

SHOULD YOU NOT COMELETE THIS SECTION IT WILL RESULT IN US USING YOUR DEBIT ORDER DETAILS

Name of account holder:

Account no.:

Bank:  Standard Bank  ABSA  FNB  Nedbank

Other:

Account type: Cheque  Savings  Transmission  Other

Signature of account holder  Date:

### NOTES / ADDITIONAL INFORMATION