

DEBIT ORDER

Telephone: (011) 640-3188 Facsimile: (011) 640-6524
Physical Address: 334 Louis Botha Avenue, Orange Grove, 2192
Postal Address: P O Box 46293, Orange Grove, 2119



The information required below is to enable your monthly premiums to be debited from your bank account by the Specialised Premium Collection Company on behalf of your Insurer.

Important: If you change your bank details, please advise AFRIC-COVER immediately in writing.

NAME OF BANK : _____
BRANCH : _____
TYPE OF ACCOUNT : _____
ACCOUNT NUMBER : _____
ACCOUNT HOLDER : _____
BANK CLEARING CODE : _____
IDENTIFICATION NUMBER : _____

I hereby authorise the Specialised Premium Collection Company appointed by AFRIC-COVER to collect the monthly premiums to be debited from my bank account stated above and to adjust debits as necessary due to changes in cover, risk, sums insured or premiums.

Date (DD/MM/YY) _____

Signature of account holder _____