



- 121 Hendrik Verwoerd Drive Ferndale Randburg 2094
- P O Box 2097 Randburg 2125
- Tel: (011) 889 8300 / Fax: (011) 789 4531 or (011) 886 0092

Debit Order Authority

1. PAYMENT DETAILS					
BANK INFORMATION					
Account Holder	Title	First Name	Surname		
Name of bank/building society			Branch name		
Address					
Type of account		Cheque <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>	Branch code
Bank account number					

2. PAYMENT AUTHORISATION	Please advise date of first debit in the space below; signature is only required once Brokerserv has confirmed acceptance of risk and premiums.
<p>I/We hereby request, "instruct" and authorise you to draw against my/our payment details above, the sum of R _____ (amount in words _____), the amount necessary for payment of the monthly premium due in respect of the above mentioned contract, on the first day of each and every month commencing on DD / MM / CCYY and continuing until this agreement is terminated.</p> <p>The amount of the debit may vary from time to time to reflect any change in cover, risk, sum insured, and/or premium rates. I/we agree to pay any charges relating to this debit.</p> <p>I/We may cancel this authority by giving Brokerserv(PTY) LTD 30 days notice in writing. I/We understand that I/we shall not be entitled to any refunds of amounts, which Brokerserv(PTY) LTD has withdrawn while this authority was in force, provided such amounts were legally owing to Brokerserv(PTY) LTD. Receipt of this instruction by Brokerserv(PTY) LTD shall be regarded as receipt by my/our Bank or Building Society.</p> <p>_____</p> <p>Signature (as used for signing cheques)</p> <p>Signed at _____ on _____ day of _____ at _____ (time)</p> <p>Further I/we declare that this policy has been taken out by me/us under no duress, coercion or influence whatsoever from any third party.</p> <p style="text-align: center;">Signature _____</p>	