

Document no.

10 000

Please complete this form in black ink and CAPITAL letters

**DEBIT ORDER
AUTHORITY FORM**

INSURED DETAILS

Policy number:

First name(s) (in full):

Surname: Initials:

ID number: Mr Mrs Miss Dr Other

Date of birth: / / D D M M Y Y Y Y

Contact details: Home no.: () Work no.: ()

Fax no.: () Cell no.: ()

Email address:

Postal address:

Residential address: Code:

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.

Other Notes:

Signature of account holder

Date: / / D D M M Y Y Y Y