

DEBIT ORDER AUTHORISATION FORM

DEBIT ORDER AUTHORISATION

1. By completion and signature hereof I/We warrant that I/We consent to SW Brokers (Pty) Ltd t/a SW Insurance Brokers and/or its authorised agents and/or cessionary debiting my/our bank account for the collection of our/my short-term Insurance premiums in respect of my/our short-term Insurance Policy and in accordance with the underlying Agreement between myself/ourselves, the Insurer, SW Brokers (Pty) Ltd t/a SW Insurance Brokers. This authority remains in force until cancelled in writing by me/us by affording 30 (thirty) days' notice in writing to SW Brokers (Pty) Ltd t/a SW Insurance Brokers and/or its authorised agents and/or cessionary. Cancellation of this mandate does not cancel the Agreement between myself and SW Brokers (Pty) Ltd t/a SW Insurance Brokers.

2. **ACCOUNT HOLDER'S FULL NAME:** _____

3. **ACCOUNT HOLDER ID/REG NUMBER:** _____

4. **ADDRESS OF ACCOUNT HOLDER:** _____

5. **NAME OF BANK:** _____

6. **BRANCH NAME:** _____

7. **BRANCH CODE OF BANK:** _____

8. **ACCOUNT NUMBER:** _____

9. **TYPE OF ACCOUNT**

(Please tick appropriate box)

SAVINGS

CHEQUE

TRANSMISSION ACCOUNT

OTHER (specify): _____

10. **FULL NAME OF POLICYHOLDER:** _____

11. **POLICY NUMBER:** _____

12. **MONTHLY PREMIUM AMOUNTS TO R** _____

This amount may vary each month due to a) monthly/annual increase b) costs incurred where debit orders are returned unpaid c) changes that you make to the Agreement, or other additional amounts due on an ad hoc basis, allowed and specified in the Agreement.

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13. FREQUENCY OF DEBIT:

MONTHLY	BI-MONTHLY	3 MONTHLY	SIX MONTHLY	ANNUALLY	WEEKLY	BI-WEEKLY
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14. Payment Date: _____

15. The reference that will appear on my/our bank statements is: SW Brokers

ACCOUNT HOLDER MANDATE

I/We hereby authorise SW Brokers (Pty) Ltd t/a SW Insurance Brokers and/or its authorised agents and/or cessionary to draw against my/our account detailed above (or any other Bank to which I may transfer my account) the amount necessary for payment of the amount payable by myself/ourselves in terms of the Agreement. I/We acknowledge that a third party may facilitate the payment process and debit my/our account on behalf of SW Brokers (Pty) Ltd t/a SW Insurance Brokers. I/We confirm that the amount debited from my/our account may be paid to an insurer/s (by the beneficiary) for insurance cover.

I/We acknowledge that all payment instructions issued by and/or its authorised agents and/or cessionary shall be treated by my above-mentioned Bank as if the instruction has been issued by me/us.

I/We agree that the first payment instruction will be issued and delivered on or around the Payment Date and regularly thereafter, until the termination date, and according to the Agreement. Each individual payment instruction may not differ other than as agreed to in terms of the Agreement. In the event that the payment day falls on a weekend, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We consent to the use of the tracking facility as provided for in the Electronic Debit Order system, where this is used, at no additional cost to me/us.

I/We consent to the tracking of credit in my account and I/We consent to the debiting of my/our account on any day within 10 (ten) days of the Payment Date selected in this mandate.

I/We acknowledge and consent that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party and I/We am notified accordingly.

<p>SIGNATURE</p> <p>Name: _____</p> <p>Signature (Duly Authorised): _____</p> <p>Date: _____</p>	<p>SIGNATURE (for corporate clients, two signatories are required)</p> <p>Name: _____</p> <p>Signature (Duly Authorised): _____</p> <p>Date: _____</p>
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