

DEBIT ORDER INSTRUCTION IN RESPECT OF SHORT TERM INSURANCE TO: THE HOLLARD INSURANCE COMPANY LTD			
Name (Debtor)		Date	
Address		Code	
Debit Amount			

The details of my bank account are as follows			
Bank		Branch/Town	
Branch No.		Account name	
Account No.		Type of A/C - savings, cheque, transmission	

I/we hereby request and authorise you or your agent to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of _____ (state amount in rands) or any variable amount pertaining to this agreement, on the ____ working day (or closest thereto) of each and every month. This being the amount necessary for the payment of the monthly premium payment due to you in respect of the insurance policy number.

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, "instruct" and authorize you to draw against my/our account with the abovementioned bank, I/we understand that the details of the withdrawals authorized here will be printed on my/our bank statement.

I/we agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment: I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed _____ On this _____ day of 20 _____

SIGNATURE(S) AS USED FOR SIGNING CHEQUES

Artinsure Underwriting Managers (Pty) Ltd
(Reg. No. 2007/004929/07)

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