

DEBIT ORDER INSTRUCTION IN RESPECT OF SHORT TERM INSURANCE: MONTHLY DEBIT ORDER PAYMENT

| | | | | |
|----------------------------------|-----|----------------|-----|-------|
| Insured: | | | | |
| Policy Number: | | | | |
| Monthly Debit Order Information | | | | |
| Account Holder (Debtor): | | | | |
| Physical Address of the Insured: | | | | |
| | | | | Code: |
| Banking Institution: | | Branch/Town: | | |
| Type of Account: | | Branch Number: | | |
| Account Number: | | Account Name: | | |
| Monthly Collection Date: | 1st | 3rd | 7th | 15th |

- I hereby Authorise Smit and Kie Pretoria Brokers (Pty) Ltd and/or it's Authorised Agents and/or Cessionary to draw against my 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 in Terms of the Agreement. I acknowledge that a third party may facilitate the payment process and debit my account on behalf of Smit and Kie Pretoria Brokers (Pty) Ltd. I confirm that the amount debited from my account may be paid to an Insurer/s (by the Beneficiary) for Insurance Cover.
- I acknowledge that all payment instructions issued by Smit and Kie Pretoria Brokers (Pty) Ltd and/or its Authorised Agents and/or Cessionary shall be treated by my abovementioned Bank as if the instruction has been issued by me.
- I agree that the first payment instruction issued and delivered on or around the Payment Date and regularly thereafter, until the Termination Date, 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 will automatically be the very next ordinary Business Day.
- I consent to use the Tracking Facility as provided for in the Electronic Debit order system, where this issued, at no additional cost to myself.
- I consent to the Tracking of Credit in my account, and I consent to the debiting of my account on any day within 10(ten) days of the Payment Date selected in this Mandate.
- I acknowledge 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 am notified accordingly.

Bank Account Reference - The Bank Reference will reflect on your monthly Bank statement to enable you to identify the Debit Order and will be added to this form before the issuing of any Payment Instruction. This Reference may only be changed upon 30 days written notice.

This authority remains in force until cancelled in writing.

AUTHORISED SIGNATURE – (for corporate clients, two signatories required)

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____