INDEQUITY

SPECIALISED INSURANCE LTD.

- DEBIT ORDER AUTHORISATION -

Surname: *(name of debtor)*

Address:

Date:

To: Indequity Specialised Insurance Limited

Dear Sir

Re: Uniq-cover

The details of my / our bank account are as follow:

Bank

Branch name and suburb

Branch number

Account number

Type of account: Current ☐ Cheque ☐ Savings ☐ Transmission ☐

I / We hereby authorise you to draw against my / our account with the above mentioned bank (or any other bank or branch to which I / we may transfer my / our account) the amount necessary for payment of the monthly premium due in respect of the above mentioned insurance on day of each and every month commencing on 20 and continuing until termination of our agreement. 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 understand that the withdrawal hereby authorised will be processed by computer through a system known as the Bankserv Magnetic Tape Service and I / we also understand that details of each withdrawal will be printed on my / our bank statement or on an accompanying voucher.

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

This authority may be cancelled by me / us by 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prepaid registered post, but I / we understand that I / we shall not be entitled to any refund of amount which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Assignment

I / We acknowledge that the party hereby authorised to effect the drawing(s) against my / our account may not cede or assign any of its rights to any third party without my / our prior written consent 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 authorised party.

Signed at on this day of 20

Signature as used for signing cheques: (Digital or Written if printing form)

Assisted by (name and surname): *(Where legally necessary)*

Capacity

Note: A cancelled cheque should be attached for bank identification purposes (only applicable to cheque accounts)
The user may add to the above minimum requirements.

Please sign and send your completed form to: **info@indequity.com**