

info@cig.co.za www.cig.co.za

DEBIT ORDER AUTHORITY

| | |
|------------------------|---|
| Name of policy holder | <input type="text"/> |
| Name of account holder | <input type="text"/> |
| Bank | <input type="text"/> |
| Branch | <input type="text"/> |
| Branch Code | <input type="text"/> |
| Account Number | <input type="text"/> |
| Account Type | <input type="text"/> |
| Debit Order Date | <input type="button" value="1st Working Day"/> <input type="button" value="7th Working Day"/> <input type="button" value="15th Working Day"/> |

I hereby authorise Compendium Insurance Brokers to draw against the above account, or any other Bank to which I may transfer my account, the amount necessary for payment of the premium and renewal premiums due to various Insurance Companies in respect of my insurances.

The amount of my debit may vary from time to time to reflect any changes in cover, risk, sum insured or premium rates.

I agree that in the event of any debit order not being met by my Bank, the policy will be cancelled and will be of no effect from midnight on the last day of that month for which Compendium Insurance Brokers has received payment.

This authority may be cancelled by me giving Compendium Insurance Brokers 30 days notice in writing, I understand that I shall not be entitled to any refund of which Compendium Insurance Brokers have drawn while this authority was in force if such amounts were legally owing to various Insurance Companies premium.

Receipt of this instruction by Compendium Insurance Brokers shall be regarded as receipt by my bank.

Signature of Account Holder _____

Signed at on this day of 20