

DEBIT ORDER AUTHORISATION FORM

(To be completed by the policyholder and premium payer)

Hollard Life requires the following documents to be fully completed to implement the requested changes (unless specified otherwise):

1. Copy of identity document for the policyholder.
2. Copy of identity document for the premium payer (if different).
3. Proof of account.

In instances where debit order requests have already been submitted to your bank for collection, the requested changes will be effective for the following month's premium deduction.

This does not constitute a collection instruction for outstanding premiums. For arrear premiums please call the Hollard Life Retentions Team on **0800 935 465** to make payment arrangements.

Bulk debits can be arranged. This is where individual policy premiums from the same bank account are collected in a once-off debit. This will take up to a maximum of 45 days to come into effect. Please speak to our Client Service Team to arrange this.

Kindly return the completed form and supporting documentation to mypolicy@hollard.co.za or call us at 0800 935 465 for assistance.

Policyholder details

All Fields are Mandatory

If the policyholder is a company or trust, please ignore this section and complete applicable addendum.

Policy no.			
Tel. no.		Cell no.	
Email address			
Identity no.		Title	
Full name			
Residential address			
		Postal code	
Postal address			
		Postal code	
Employer			
Occupation			
Source of wealth			
Source of income			
Country of residence			

Premium Payer (if different to the Policyholder)

All Fields are Mandatory

If the premium payer is a company or trust, please ignore this section and complete applicable addendum.

Tel. no.		Cell no.	
Email address			
Identity no.		Title	
Full name			
Residential address			
		Postal code	
Postal address			
		Postal code	
Employer			
Occupation			
Source of wealth			
Source of income			
Country of residence			

Hollard Life Assurance Company Limited (Registration No. 1993/001405/06) a licensed Life Insurer and an authorised Financial Services Provider FSP No. 17697

Hollard Specialist Life Limited (previously Regent Life Assurance Company Limited) (Reg No. 1994/001332/06) a licensed Life Insurer and an authorised Financial Services Provider FSP No. 18146

Banking details

All Fields are Mandatory

Account holder name			
Bank		Branch	
Account no.			Branch code
Account type	Cheque ☐	Savings ☐	
Preferred debit date			Premium amount R

Account holder
signature _____

Declaration by policyholder

I authorise Hollard Life to draw the regular premium amount against this account. This authorisation is to remain in force until terminated by Hollard Life or myself. I accept that Hollard Life may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due, Hollard Life is entitled to track my account and present the instruction for payment as soon as sufficient funds are available.

DEBICHECK

The premium payer may be asked by their bank to Debicheck their debit order. Debicheck is the new safe way of approving debit orders, electronically confirmed by them, with their bank. This will be on a once off basis at the start of the contract. This means that the bank will now know all the details that have been agreed to regarding this debit order mandate and will not allow any debit order to be processed outside of this mandate. Confirmation of Debicheck may be sent to the premium payer by SMS. Alternative authorisation for Debicheck can be given via online banking, by visiting the bank or via ATM.

Please take note of the following Hollard disclosures:

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request, we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(policyholder) _____

Date

Signature
(premium payer) _____

Date