

DEBIT ORDER AUTHORISATION FORM

(To be completed by the policyholder and premium payer)

Hollard Life requires the following document to be fully completed to implement the requested changes.

1. Copy of identity document for the policyholder.
2. Copy of identity document for the premium payer. (if different.)
3. Proof of account.
4. 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.
5. This does not constitute a collection instruction for outstanding premiums. For arrear premiums please call the Hollard Life Retentions Team on 0860 000 011 to make payment arrangements.
6. 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.

Kindly return the completed form and supporting documentation to lifeclientservice@hollard.co.za or fax to 011 547 7777.

Bank statement reference: The transaction description on your bank statement for the deduction of your monthly premium will be "HOL + PolicyNumber".

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 _____

Banking details

All Fields Are Mandatory

Account holder name _____

Bank _____ Branch _____

Account no. _____ Branch code _____

Account type Cheque Savings

Preferred debit date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Premium amount R _____

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.

Signature (policyholder) _____ Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature (premium payer) _____ Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

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.