

PREFERRED PAYMENT MODE - GOVERNMENT STOP ORDER AUTHORISATION

Kindly note:

Additional documentation may be requested by Hollard Life/Hollard Specialist Life where required.
Submit the completed mandate with your application form

1. Policyholder details

(To be completed by the policyholder)

Policy/Reference no.	
Policyholder full name(s)	
Policyholder surname	
Identity no.	

PERSAL		SASSA		DOD	
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Employee no.		Reservation no.	
Employer			

2. Financial advisor details

Financial advisor full name(s)	
Financial advisor surname	
Identity no.	

3. Disclosures and declarations

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.

I, the undersigned, hereby authorise Hollard Life Assurance Company Limited/Hollard Specialist Life Limited, to facilitate the below instruction, including all prescribed protocols, (affordability checks etc.), for this policy to inception on (inception date (dd/mm/yyyy)).
I authorise the Human Resources Department of to deduct the premium of R , from my salary on (deduction date (dd/mm/yyyy)) and monthly thereafter, and to remit to Hollard Life Assurance Company Limited/Hollard Specialist Life Limited from whom I have obtained insurance until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation. Should the relevant premium be decreased or increased by Hollard Life Assurance Company Limited/Hollard Specialist Life Limited as a result of an inflation-related increase in premium, I confirm that the adjusted premium may be deducted from my salary until such time as I cancel this authorisation in writing.

Where I have elected to include optional Home Contents cover, I hereby further authorise (employer name) to deduct an additional monthly premium of R in respect of such Home Contents cover, as advised to me at the time of acceptance, and to remit the same to Hollard Life Assurance Company Limited/Hollard Specialist Life Limited. I acknowledge that Home Contents cover is optional, and that no deduction in respect thereof will be made unless I have expressly opted in to such cover.

For Persal employees, should the stop order fail, I hereby authorise Hollard Life Assurance Company Limited/Hollard Specialist Life Limited to change the pay mode to debit order.

(Please indicate "N" for No and "Y" for Yes)

If "Yes" you must complete the variable debit order authorization.

Signed at this day of 20

Signature (policyholder) _____