

DEBIT ORDER FORM

Policyholder Details

Title: _____ Surname: _____
First name(s): _____ ID no.: _____
Email address: _____ (compulsory) Policyholder no. _____

Banking details of policyholder

Account holder: _____
Name of bank: _____
Branch code: _____
Type of account: _____
Account number: _____

If you wish to pay your premium monthly via debit order, please confirm which day we must debit your account each month?

1st ☐ 7th ☐ 15th ☐

If you wish to pay your premium annually via debit order, please confirm which day and month we must debit your account each year? _____

The following reference will be used for your debit order: The word EQUIPAGE followed by your policyholder number

Declaration

1. I authorise Hollard to debit my bank account with my premium on the premium collection date shown above.
2. I agree that Hollard will pay any amount that is owed to me into the same bank account.
3. I understand and consent to the following: 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.

Signed at _____ on this _____ day of _____ 20 _____

Name and surname of policyholder

Signature