

CLIENT DETAILS

SURNAME* : MR/MRS/MS/MISS <small>*(SURNAME OF THE POLICY HOLDER)</small>	INITIALS:	CONTACT NO:
--	------------------	--------------------

PREMIUM DETAILS

No of Insured Pets: Dogs: _____ Cats: _____

Tick ONE of the Policies: Prime Choice; or Smart Choice; or Essential Choice

Add-on Policy (Routine and Dental Care) can be taken as an optional extra in conjunction with either Prime or Smart Choice for an additional premium per month. See the latest Rates & Premiums schedule) **Routine Care Option** (Tick if required)

Total Monthly Premium incl. VAT: R _____

PLEASE SUPPLY BANK DETAILS

MONTHLY DEBIT ORDERS **CLAIMS REFUNDS ONLY ****

*Premiums are payable on a monthly basis by debit order only, unless otherwise stated. If two or more debit orders are returned **Hollard** will not be held liable should the policy be automatically terminated, or should claims incurred during this period of suspension not be paid.*

- NEW POLICY - AMENDING BANK DETAILS (Existing Client) **POLICY No:** _____

Tick Appropriate Bank Account:

- NEDBANK - STANDARD - FNB - ABSA - INVESTEC - OTHER

Other Bank used (if not mentioned above) _____

Account Holder: _____ **Account Number:** _____

Name of Branch: _____ **Bank Branch Code:** _____

Acc Type (Chq/Trsm/Savings): _____ **Month of 1st Debit Order:** _____

Month policy to start: _____

Policies start on the 1st of each month and there is a **one calendar month waiting period from the start date of your policy** during which time you cannot claim.

Debit Order Date preferred: 26th (for the next month) / 1st / 4th

I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen (VAT inclusive). I may cancel this Debit Authorisation by giving ONE CALENDAR MONTH'S written notice.

Account Holder's Signature: _____ **Date:** _____

CREDIT CARD DETAILS

**** IF YOU CHOOSE THIS OPTION FOR DEBIT ORDERS, PLEASE SUPPLY ALTERNATIVE BANK ACCOUNT DETAILS FOR CLAIMS PURPOSES ONLY AS CLAIM REFUNDS WILL NOT BE PROCESSED TO CREDIT CARDS.**

Please Debit my: - Visa - MasterCard - Amex - Diners

Card Number:

Expiry Date: **CVV:**

Cardholder's Name: _____ **Cardholder's Signature:** _____