

DEBIT ORDER AMENDMENT FORM

Please complete and forward to:
 Email: membership@petsure.co.za
 Fax: 086 661 0990

POLICYHOLDERS DETAILS:

FULL NAME AND SURNAME:	CONTACT NO:
EMAIL ADDRESS:	POLICY NO:

PREMIUM DETAILS

No of Insured Pets: Dogs: _____ Cats: _____

Total Monthly Premium incl. VAT: R _____

PLEASE SUPPLY BANK DETAILS:

Monthly Debit Order
 Monthly Debit Order and Claims Refunds
 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 not be paid.*

Tick Appropriate Bank Account:

NEDBANK
 STANDARD
 FNB
 ABSA
 INVESTEC
 CAPITEC

Other Bank used (if not mentioned above) _____

Account Holder: _____ Account Number: _____

Bank Branch Code: _____ Account Type (Chq/Savings): _____

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, plus VAT at the ruling rate. I may cancel this Debit Authorisation by giving ONE CALENDAR MONTH'S written notice.

The Account holder of the bank account must sign this form and not the Policyholder.

Account Holder's Name: _____

Account Holder's Signature: _____ Date: _____