



DEBIT ORDER AUTHORITY / CHANGE OF BANK DETAILS

Name of Policyholder	
Policy Number (if existing policy)	
Company Registration Number	
Vat Number (if a business account)	
Account Holder Name in Full	
Name of Financial Institute	
Account Number	
Bank Branch Code	
Type of Account	

Monthly Debit Date

1st

7th

15th

DECLARATION

I hereby authorise Frontline Underwriting Managers (Pty) Ltd to present their debit order in respect of the accepted Insurance premium to the above account.

I hereby attach proof of bank details as per FICA and Compliance Regulations.

Compulsory PROOF OF BANK DETAILS to be dated within current 3 months:

- **Bank stamped bank statement reflecting clear account holder name and number, OR**
- **ATM bank statement reflecting clear account holder name and number, OR**
- **Letter from the Financial Institute confirming banking details.**

Account Holder Name in Full	
Account Holder ID Number	
Account Holder Signature	
Policy Holder Name & Signature	

SIGNED AT _____ DAY _____ OF _____ 20_____.

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5241

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Directors: Paul Myers, James Bonner, Abraham Human, Peter Bonner

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