

DEBIT ORDER FORM

Please complete and forward to:
Email: equine@petsure.co.za
Fax: 086 661 0992



SURNAME* : MR/MRS/MS/MISS/PROF/DR <small>*(SURNAME OF THE POLICY HOLDER)</small>	INITIALS:	CONTACT NO:
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HOLLARD EQUINE DIRECT PREMIUM DETAILS

Number of Insured Horses: _____

Total Monthly Premium incl. VAT: R _____ (Premium = **R490.00** per horse per month)

PLEASE SUPPLY BANK DETAILS	
<input type="checkbox"/> MONTHLY DEBIT ORDERS	<input type="checkbox"/> 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 PetSure will not be held liable should the policy be automatically terminate, or should claims incurred during this period of suspension not be paid.

Tick appropriate Bank Account:

- Nedbank - FNB - Standard - 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 (First calendar month excluded for claiming purposes): _____

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.***

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: _____

Administered by



Underwriting Manager and Administrator
PetSure (Pty) Ltd ("PetSure")
Reg. No. 1991/007261/07
Authorised Financial Services Provider
Licence Number 9846
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