

### POLICYHOLDER'S DETAILS

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

### PREMIUM DETAILS

No of Insured Horses: \_\_\_\_\_

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: 26<sup>th</sup> (for the next month)  / 1<sup>st</sup>  / 4<sup>th</sup>

- 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: \_\_\_\_\_