

PLEASE DO NOT SIGN ANY BLANK OR PARTIALLY COMPLETED FORMS. ANY LINES THAT ARE NOT APPLICABLE SHOULD BE STRUCK THROUGH OR THE WORDS "NOT APPLICABLE" INSERTED

DEBIT ORDER INSTRUCTION

Name of Payee / Account Name		Address of Payee / Insured	
Bank	Branch	Clearing Code	Account no. & Type

Full Legal Name of Business (T/A)	
Owners/Directors Full Names & Surname	Owners/Directors SA ID or Passport no. & Country of Origin
Company Registration Number / CK Number	Company VAT Number (if applicable)
Contact number (s)	Postal Address
Physical Address	Email Address & Website info
Is your business asset value or annual turnover less than R2, 000, 000 (Ex VAT)	Yes / No
Is there a service fee attached to your policy?	Yes / No
<i>If you have answered yes to the questions above please answer the following questions :</i>	
Have you been made aware of the service fee by your Intermediary?	Yes / No
Has the formulation of the service fee and the additional services rendered been explained to you by your Intermediary?	Yes / No

I, the undersigned, hereby request and authorize Hospitality and Leisure Underwriters to draw, against my/our account the amount necessary for payment of the monthly premium and fees in respect of the insurance policy on the first working day of each month;

Commencing day of 20

Signed at on this day of 20

.....
WITNESS

.....
PAYEE

underwritten by



Underwriting on behalf of
Santam