



### Debit Order Authority

I/We, hereby instruct and authorise Lombard and/or its authorised agents to draw against my/our bank account with the below mentioned bank *(or any other bank/branch to which I/We may transfer my/our account)* the amount necessary for payment of the premium in respect of policy number(s) \_\_\_\_\_ on the following payment date *(please select one option)*:

1st

7th

15th

I/We understand that:

1. In the event the payment day falls on a weekend or recognised South African public holiday, the payment date will be collected on the last working day prior, or on the first working day thereafter; and
2. This authority shall remain in full force and effect until cancelled by me/us giving 30 days written notice thereof, sent to Lombard and/or its authorised agents, and
3. I/We shall not be entitled to any refund of any amount which Lombard and/or its authorised agents has withdrawn while this authority was in force unless I/We can prove that any such amounts were not legally owing to Lombard, and
4. Details of each withdrawal will be reflected on my/our bank statement, and
5. I/We are responsible for the payment of all bank charges in connection with this instruction, and
6. The obligation to ensure that my/our monthly premiums are received by Lombard and/or its authorised representative remains with me/us despite the granting of this debit order authority.

I/We undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premiums due in respect of the abovementioned insurance policy(s), are duly drawn by Lombard in terms of this debit order authority, and I/We record that Lombard's acceptance of this debit order authority in no way places any onus on Lombard to ensure that the monthly withdrawals of the amount due to Lombard are made.

Receipt of this instruction by Lombard and/or its authorised agent shall be regarded as receipt thereof by my/our bank.

<b>Debit Order Authorisation</b>	
Name of account holder:	Type of account:
Bank:	Branch Code:
Branch:	Date:
Account number:	
Client's address:	
Signature of account holder: <i>(duly authorised)</i>	Capacity:

Kindly take note that all premiums for your insurance policy must be paid in advance and the premium is due on the date stipulated on your policy schedule. It is your responsibility to ensure that there are sufficient funds in your bank account so that the debit order can be processed on the relevant date selected by you and for cover to remain in force.

Please refer to your policy wording, policy schedule and Disclosure Notice for the following information:

- the complete nature and extent of your cover;
- your premium payment responsibilities, manner and frequency thereof, and the consequences of non-payment of premium;
- remuneration, commission, fees and incentives paid to your broker (if applicable);
- special conditions, exclusions, excesses or restrictions; and
- how to cancel your policy.