

Debit Order Form

SURNAME AND FIRST NAMES OF ACCOUNT HOLDER (If payer is a Company, state name of Company in full)	
ADDRESS OF ACCOUNT HOLDER	
INSTITUTION AND BRANCH WHERE ABOVE ACCOUNT IS CONDUCTED	
BRANCH CLEARING CODE	
ACCOUNT NUMBER	
TYPE OF ACCOUNT i.e. Current, Transmission or Savings	
VAT REGISTRATION NO.	
DEBIT ORDER DATE (where applicable)	

Notes:

1. Monthly Premium payments are paid in advance i.e. at the beginning of the month for that month.
2. Monthly premiums are collected on the first working day of each month or date chosen (where applicable) certain cases, monthly premiums are collected in arrears at the end of the month, for that month.
3. Policies with Zurich direct are collected in arrears on the 28th of the each month.

I/We hereby authorise Lion's Head Insurance Brokers (Pty) Ltd and/or Eagle Scape (Pty) Ltd, to draw on my/our account (wherever it may be) at the abovementioned institution, in any manner agreed on between Lion's Head Insurance Brokers (Pty) Ltd and/or Eagle Scape (Pty) Ltd, the amount of the premium payable and I/we request the aforesaid institution to debit my account with all debits drawn against it by Lion's Head Insurance Brokers (Pty) Ltd and/or Eagle Scape (Pty) Ltd. Premiums may vary. There is an administrative fee due in respect of resubmitted unpaid debit orders.

SIGNATURE OF ACCOUNT HOLDER

DATE

CONTACT PERSON:	
TELEPHONE NUMBER:	
CELLPHONE NUMBER:	
EMAIL ADDRESS:	