

CHANGE OF BANK DETAILS

INSURED : _____

POLICY NUMBER : _____

RISK ADDRESS : _____

EFFECTIVE DATE : _____

DEBIT ORDER/PAYPOINT AUTHORITY

<p>I/we hereby authorise Chartis South Africa Limited to debit the following account with the premium due by the policy herein applied for and to vary such debits from time to time to reflect any changes to covers, risks, sums insured or premium rates.</p> <p>I understand that in the event of such debit not being met by the below mentioned bank, all cover in terms of the policy herein applied, for will cease from the last day of that month for which premium has been paid.</p> <p>However, in the event of an error on the part of my bank in not meeting any debit, I understand that cover will continue.</p>			
Name of account holder			
Name of Bank		Name of Branch	
Bank branch code		Account Number	
Type of account – please “Tick” ✓	Cheque	Savings	Transmission
Signature of account holder	Date of signature		