DEBIT ORDER AUTHORISATION

CONTACT DETAILS

Residential																														
																									Code					
Postal Address																														
																									Code					
Telephone No.											Cell																			
Fax No.										Email																				

ACCOUNT DETAILS

Account Holder																														
Name of Bank																	Branch													
Name of Branch																														
Account No.																														
Type of Account		Cheque				Savings				Transmission																				

NB: I, the undersigned, hereby authorise Guardrisk Insurance Company Ltd or it's nominee, to withdraw amounts against my bank account (as indicated above) on the date elected, amounts in accordance with and as specified by the insurance.

Full name and surname of person completing the form:

Full Name																														
Surname																														
Designation																														

Signature SIGNATURE

Date D D M M Y Y Y Y