

# Written Authorisation & Mandate for Debit Order Instruction<sup>1</sup>

DEBIT ORDER AUTHORISATION FORM	
Insurance Company	Guardrisk Insurance Company - Protocol Risk Managers
Name of Account Holder	
Address of Account Holder	
Account Number	
Name of Bank	
Branch Code	
Type of Account	Current   Savings   Transmission
Amount	(As per accepted quote) <i>This amount will fluctuate from month to month in accordance with any amendments, agreed fees and rates as detailed in the Agreement, but shall not exceed the totality of obligations as detailed in the Agreement.</i>
Deduction Date	1 <sup>st</sup>   7 <sup>th</sup>   15 <sup>th</sup>
Payment Start Date	<i>(your account can be debited on any day within a 10-day range after this date)</i>
Frequency of debit	Monthly
Termination date	Upon cancellation or lapse of the Agreement.
Duly Authorised Beneficiary	<u>Underwriting Manager</u> Protocol Risk Managers Pty Ltd
Beneficiary's Address	<u>Underwriting Manager Address</u> 4 Acacia Road, Bedfordview 2008
Bank Account Reference	INSPROTO <i>The bank account reference will reflect on your monthly bank statement to enable you to identify the Debit Order and will be added to this form before the issuing of any payment instruction. This reference may only be changed upon 30 days written notice.</i>

MANDATE	
<p>This signed mandate and authority relates to the insurance contract (referred to as "the Agreement") accepted by you with the Quote/Policy number: _____</p> <p>I shall not be entitled to any refund of amounts which have been withdrawn while this written authorisation and mandate for debit order instruction is in force, if such amounts were legally owing to Protocol Risk Managers on behalf of Guardrisk Insurance Company Limited.</p>	
<p><b>AUTHORITY</b></p> <p><input type="checkbox"/> I hereby authorise Protocol Risk Managers and/or its authorised agents and/or cessionary to draw against my account detailed above (or any other Bank to which I may transfer my account) the amount necessary for payment of the amount payable by myself in terms of the Agreement. I acknowledge that a third party may facilitate the payment process and debit my account on behalf of Protocol Risk Managers. I confirm that the amount debited from my account will be paid to an insurer/s (by the beneficiary) for insurance cover.</p> <p><input type="checkbox"/> I acknowledge that all payment instructions issued by Protocol Risk Managers and/or its authorised agents and/or cessionary shall be treated by my above-mentioned Bank as if the instruction has been issued by me.</p> <p><input type="checkbox"/> I agree that the first payment instruction will be issued and delivered on or around the Payment Start Date and regularly thereafter, until the termination date, and according to the Agreement. Each individual payment instruction may not differ other than as agreed to in terms of the Agreement. In the event that the Payment Start Date falls on a weekend, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.</p> <p><input type="checkbox"/> I consent to the use of the tracking facility as provided for in the Electronic Debit Order system, where this is used, at no additional cost to myself.</p> <p><input type="checkbox"/> I consent to the tracking of credit in my account and I consent to the debiting of my account on any day within 10 (ten) days of the Payment Date selected in this mandate.</p> <p><input type="checkbox"/> I acknowledge and consent that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party and I am notified accordingly.</p>	
<p><b>SIGNATURE &amp; ACCEPTANCE</b></p> <p>Name: _____</p> <p>Designation: _____</p> <p>Signature (Duly Authorised): _____</p> <p>Date: _____</p>	