BANK DEBIT ORDER INSTRUCTION

NAME: _____ ID NO: _____
ADDRESS: _____ E-MAIL: _____
DATE: _____ CELL NO:_____

.....

BANK DETAILS:

BANK NAME: _____
ACC HOLDER: _____
ACCOUNT NO: _____
BRANCH CODE: _____
ACCOUNT TYPE: _____

.....

I/we hereby authorize you to debit my/our account with the above-mentioned banking details (or any other bank or branch that I/we may change to) the sum of R_____ or any variable amount pertaining to this agreement, on the 1st day of each month, beginning on (date) _____.

I/we hereby authorize hour agent Sanlam Multidata to debit my/our account on your behalf. This Debit Order agreement may be cancelled by giving thirty (30) days written notice.

I/we hereby agree that the party hereby authorized to debit my bank account may not cede or assign any of its rights and that I/we may not cede any of our obligations in terms of this Debit Order instruction to any third party without prior written consent of the authorized party.

SIGNED AT: _____ on this (date) _____

PRINT NAME: _____ SIGNATURE:_____

Please email completed form to anaidoo@familypolicyinstitute.com
(ASSOCIATION INCORPORATED UNDER SECTION 21) CO REGISTRATION NO 2007/029810/08
PBO NO 930026959
10 CHARENTE ROAD, THORNWOOD ESTATE, DURBANVILLE 7550
TEL: 060 9142405
WWW.FAMILYPOLICYINSTITUTE.COM
DIRECTOR AND CEO: ERROL NAIDOO