



Debit Order Instruction

DETAILS

Name of Payer (Legal Entity ¹)
(T/As / C.C. / Pty Ltd ¹)

Address of Payer / Insured

Bank

Branch

Clearing Code

Account No.

Account Type

Vat Reg No ²

Co Reg No ³

INSTRUCTION

The debit order date must be on the following day of the month: 1st 7th 15th

I/We the undersigned, request and authorise IOM / HIC (Pty) Ltd. to draw against my / our account the amount necessary for payment of the total inclusive monthly premium and any standard fees in respect of the insurance policy on the specified working day of each month.

The above may commence on the following date

I/ We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on my/our bank statement with the reference prefix "HIC" and will be followed by your policy or agreement number.

This authority remains in force until cancelled in writing by me/us or IOM/HIC (Pty) Ltd.

AUTHORISATION

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

Signed at

Payer Signature

Witness name

Witness Signature

- 1 To comply with regulation this form must be in the name of a legal person or company.
- 2 To comply with regulation this must appear on all invoices including insurance premiums - please insert N/A if not a Vat vendor.
- 3 If applicable, company registration number to be inserted.

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

DIRECTORS R Gainsford (Executive Chairman), D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director)
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