PALADIN

Reg no 1999/013248/07 – FSP No. 5069

DEBIT ORDER AUTHORITY

Paladin Underwriting Managers (Pty) Limited
PO Box 613, 7701 RONDEBOSCH
Tel: 021-686 7270
Fax (General) 021-686 8100 Fax (Claims): 021-686 4224

FROM

Name _____

Address _____

_____ Post code _____

Company Registration No. _____ VAT number _____

DETAILS OF BANK ACCOUNT

Bank _____ Bank branch _____

Account Type:.....

Bank code | | | | | | | | | Account number | | | | | | | | | | | | | | | | | | | | | |

I/We hereby request Centriq Insurance Co Ltd/Paladin to draw against my/our existing account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly amount due in respect of the undermentioned insurance.

On the 1st day of each and every month commencing on _____ all such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

Should the bank for any reason reclaim from Centriq Insurance Co Ltd /Paladin any of the amounts paid in terms of this request, I/we undertake to refund such amounts to Centriq Insurance Co Ltd /Paladin.

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force is such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank.

This agreement is subject to the notes below.

Signed at _____ on this _____ day of _____

Authorised account signature	Second signature	Capacity

(A second signature will be required for joint accounts or when a minor is assisted by a legal guardian).

NOTES

1. **A cancelled used cheque to accompany this authority for identification purposes.**
2. A service charge is levied for this facility. The rate charged may be varied by Centriq Insurance Co Ltd / Paladin upon written notice to the Insured.
3. In the event of any one instalment being not paid (when due) these arrangements shall terminate and cover shall deem to have lapsed on the last day of the uninterrupted period for which Centriq Insurance Co Ltd / Paladin has received payment in terms of this request.
4. Centriq Insurance Co Ltd /Paladin will receive all payments in terms of this authority without any prejudice to Centriq Insurance Co Ltd / Paladin.
5. The onus is on the Insured to ensure that premiums are paid in terms of the policy contract.

FOR OFFICE USE ONLY

Policy number	Customer number	Reference