PALADIN

Company Registration No. 1999/013248/07
FSP No. 5069

DEBIT ORDER AUTHORITY

FROM

Name _____

Address _____

_____ Postal code _____

Company Registration no. _____ VAT number _____

DETAILS OF BANK ACCOUNT

Name of bank _____ Bank branch _____

Account type _____ Bank code | | | | | | | | |

Account no. | | | | | | | | | | | | | | | | | | |

I/We hereby request Centriq Insurance Company/Paladin Underwriting Managers (Pty) Ltd 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 or 15th 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 these dates fall on a weekend or public holiday, the debit will be collected on the first working day thereafter.

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

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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force is such amounts were legally owing to you.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 _____ Date _____

_____ _____ _____

Authorised account signature | Name | Capacity

_____

Second signature

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

NOTES

1. **A bank confirmation letter should accompany this authority for identification purposes.**
2. 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 Company Ltd/Paladin Underwriting Managers (Pty) Ltd has received payment in terms of this request.
3. Centriq Insurance Company Ltd/Paladin Underwriting Managers (Pty) Ltd will receive all payments in terms of this authority without any prejudice to Centriq Insurance Company Ltd/Paladin Underwriting Managers (Pty) Ltd.
4. The onus is on the Insured to ensure that premiums are paid in terms of the policy contract.
5. I consent to Centriq Insurance Company Ltd/Paladin Underwriting Managers (Pty) Ltd, and its operators, processing, and further processing, my personal information in accordance with the Protection of Personal Information Act, for the purposes of concluding, and performing in terms of, this insurance contract. For further information please read our Privacy Notice, which can be found on www.paladin.co.za.

Insurance products are underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised financial services provider (FSP 3417)

Unit 3A, Hyde Park House,
Century Way,
Century City,
7441
Tel: 021 686 7270

Insurance House, Bond Street Business Park,
Cnr of Bond Street & Kent Avenue
Randburg
Johannesburg, 2125
Tel: 011 523 9550/1