

LIONEL ISAACS INSURANCE BROKERS (PTY) LTD

DEBIT ORDER AUTHORITY

THE MANAGER LIONEL ISAACS INSURANCE BROKERS (PTY) LTD (Reg.No. 1988/003853/07)		1. THE INSURED'S NAME AND ADDRESS		
Details of the account against which all premiums will be drawn:				
2. FULL FIRST NAMES AND SURNAME OF PAYER				
3. NAME OF BANK AND BRANCH				
4. ACCOUNT NUMBER		BRANCH NUMBER	A cancelled blank cheque must be attached for identification purposes in the case of a cheque account	
5. TYPE OF ACCOUNT Tick One	CURRENT	SAVINGS	TRANSMISSION	
<p>I the undersigned, instruct and authorise</p> <p>i. LIONEL ISAACS INSURANCE BROKERS (PTY) LTD., (hereinafter referred to as LIIB) to draw against my account with the above mentioned bank or any other bank or branch to which I may transfer my account) the amount necessary for payment of the items indicated in the schedule below.</p> <p>ii. My bank (whichever it is or will be) to debit my account with any debits drawn against it by LIIB and to treat each one as if it had been signed by me personally. I undertake against the said bank that I shall regard receipt by LIIB of this instruction as receipt and acknowledgement by the bank.</p> <p>I understand and undertake that either I or LIIB may at any time cancel these arrangements by giving thirty days notice in writing sent by prepaid registered post, in respect of any or all of the items indicated but that such cancellation will have no effect on any withdrawals already made while this authority was in force if such amounts were legally owing to LIIB</p> <p>I agree to pay the bank and service charges in connection with this instruction.</p> <p>I further understand and undertake that LIIB will receive all payments in terms of this request without prejudice to its rights.</p>				
SCHEDULE A. Premiums and charges as payable from 20.... in respect of the following Policy No:				
B. Or such other amounts which may become payable in respect of policies issued in my name or in the name of:				
<p>Should the Bank for any reason reclaim from LIIB any of the amounts paid in terms of this request and decide to pay such amounts over to me. I undertake to refund such amounts to LIIB and that the amounts so paid or so to be paid to be by the Bank shall be applied to such refund.</p> <p>SIGNED AT ON THIS DAY OF 20.....</p> <p>SIGNATURE OF PAYER :</p> <p>ASSISTED BY : (Where legally necessary)</p> <ul style="list-style-type: none"> • If a company is the payer the full name of the company must be shown and the authorised person must sign indicating his capacity. The Company's stamp must also appear there. 				