



**CLARENDON
TRANSPORT
UNDERWRITING
MANAGERS (PTY) LTD**

Reg. No. 88/04921/07
Authorised financial services provider licence number 5010

Village Green, 127 Greenway
Greenside 2193
PO Box 84216, Greenside 2034
Tel: (011) 274-1300
Fax: (011) 486-2200

DEBIT ORDER AUTHORITY

To: Clarendon Transport Underwriting Managers		Abbreviated Name: CTU			
Cheque Account	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>

Name of Banking Institution	Branch
Town/City	Bank Code
Full name of account holder	Date of Birth

Account Number

Debit Date

DEBIT ORDER AUTHORITY

I/We hereby request and authorize you to draw against my/our account with the bank (or any other bank/branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium due in respect of the above mentioned insurance. All such withdrawals from my/our bank account by you shall be treated as though they have been signed by me personally.

I/We understand that:

- 1 the withdrawals hereby authorized will be processed by computer,
- 2 details of each withdrawal will be reflected on my/our bank statement
- 3 the obligation to ensure that my/our monthly premiums are received by you remains with me/us despite the granting of this debit order authority.
- 4 That my account will be debited on the specified date above, but should it be unsuccessful my account could be debited again later on in the month.

This authority shall continue in full force and effect until cancelled by me/us. **I/We understand that withdrawal of this authority will not cancel the policy, subject to clause 3 above.** I/We understand that I/we shall not be entitled to any refund of any amount which you have withdrawn while this authority was in full force unless I/we can prove that any such amounts were not legally owing to you. **I/We acknowledge that this Authority may be ceded or assigned to a third party if the insurance policy is also ceded or assigned to that third party in accordance to Financial Services Board Regulations, but in the absence of such assignment of the policy, this Authority and Mandate cannot be assigned to any third party.** Receipt of this instruction by you shall be regarded as a receipt thereof by our bank.

Signature of payer or authorised official _____

Date _____