

Contact Details
Tel: 082 601 8288
Fax: 086 498 1683
FSP 47088
www.certainure.co.za



Physical Address
2 Carlisle Close
West Beach
Cape Town
7441

Debit Order Authority

INCEPTION DATE : _____

BANK : _____

ACCOUNT TYPE : _____

ACCOUNT NUMBER : _____

BRANCH CODE : _____

ACCOUNT HOLDER : _____

DEBIT ORDER DATE : _____

I/We hereby request you 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.

I/We agree that this proposal shall form the basis of the Insurance Contract

Signature

Name in block letters

Date