

BANKING DETAILS (compulsory)

NAME OF ACCOUNT HOLDER:

ACCOUNT NUMBER:

BANK:

BRANCH CODE:

ACCOUNT TYPE: CURRENT Transmission SAVINGS

FOR DEBIT ORDER PAYMENT ONLY – Having applied for the above cover and on acceptance of the group application by the insurer, I/the company hereby authorise/s the insurer to debit the abovementioned account, for the premiums payable under the above plan monthly in advance/arrears, on the first day of the month in accordance with the Debit Order System. Such authorisation shall remain in force and effect until cancelled by myself/the Company, in writing with two calendar months notice.

DECLARATION

I/the Company declare that I/the Company have/has not withheld any information and I/the company accept/s that this application and declaration shall for the basis of the contract of insurance between Constantia Insurance Company Ltd and Constantia Life and Health Assurance Company Ltd and ourselves, which will become effective on the first day of the month for which premiums are paid. I/the company irrevocably authorise/s the Administrators to collect any relevant information that they deem necessary to assess and underwrite this application. Having authorised the Administrator to act on an electronic schedule I/the Company accept/s that it becomes our responsibility to inform and to obtain a mandate form the employee for premium deductions. I/the Company understand that a grace period of 30 days will be allowed. If the premium is not received within the grace period, the cover will lapse and no benefits will be payable.

NAME OF AUTHORISED SIGNATORY:

CAPACITY:

SIGNATURE OF APPLICANT: _____

DATE: _____

COMPANY
STAMP

