Sanlam

underwritten by GENRIC Insurance

Debit Order Authority Form

Please complete this form in black ink and CAPITAL letters

PRINCIPAL INSURED DETAILS

Policy Number: _____

Name and Surname: _____

ID Number \ Passport: _____ ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Date of Birth: _____ Email Address: _____

Contact Details:

Home No.: _____ Work No.: _____

Fax No.: _____ Cell No.: _____

Postal Address: _____

_____ Code: _____

Residential Address: _____

_____ Code: _____

I/We hereby confirm acceptance of the below mentioned insurance policy, and authorise Sanlam Primary Care to issue and deliver payment instructions to their Banker, to draw on my/our account at the under mentioned institution in any manner agreed on between Sanlam Primary Care and such institution, the amount of the premium payable on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and request the aforesaid institution to debit my/our account with all debits drawn against it by Sanlam Primary Care.

All such withdrawals from my/our bank account by Sanlam Primary Care shall be treated as though they had been signed by me/ us personally.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement bearing a specific reference number which will reflect Sanlam Primary Care and your policy number as confirmed in the policy documents.

This authority may be canceled by me/us by giving Sanlam Primary Care thirty days' notice in writing, however I/we understand that I/we shall not be entitled to any refund of amounts which Sanlam Primary Care has withdrawn while this authority was in force, if such amounts were legally owing to Sanlam Primary Care.

DEBIT ORDER DETAILS

Name Of Account Holder: _____

Account No: _____

Bank ☐ Standard Bank ☐ Nedbank ☐ ABSA ☐ Capitec ☐ FNB ☐ _____ Other

Account type: ☐ Cheque ☐ Savings ☐ Transmission ☐ _____ Other

Debit Order Day: ☐ 1st ☐ 5th ☐ 7th ☐ 15th ☐ 25th

I hereby instruct and authorise you to draw against my bank account the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Sanlam Primary Care. I further authorise you to increase the amount in the terms of the policy from time to time and authorise my bank to effect payment.

Signature of Account Holder _____ Date D D M M Y Y Y Y

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I/we certify that the above bank details are correct. If these banking details have not been provided accurately, or if the details change at any time in the future and I/we fail to notify such changes or if payments are not made in accordance with the Debit Order Instruction, the responsibility of payment will rest with me/us. Premiums are payable on a monthly basis by debit order. If two or more debit orders are returned, Sanlam Primary Care will not be held liable should the policy be automatically terminated, or should claims incurred during this period of suspension not be paid. I acknowledge that any fees and charges levied by the bank on account of the debit order or any debit order payments which may be rejected for any reason whatsoever will be for my account.

*If the facility is in the name of a Company, Close Corporation, Trust or Association the full names of such entity and the capacity of the signatory must be reflected. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Payment instructions due in December may be debited against my account on _____.

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. I/WE acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signature of Client _____ Date D D M M Y Y Y Y

Declaration and informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

We at GENRIC Insurance Company Limited (GENRIC) respect your right to privacy. We need to collect and process some of your personal information in terms of various Privacy and Data Management laws and are bound by the terms and provisions of the Protection of Personal Information Act, regarding the acquisition, usage, retention, transmission and deletion of your personal information. Your personal information collected is for the primary purpose of providing you with insurance cover and for all other activities and processes incidental to and relevant to this purpose. As this information forms the basis of our assessment and terms, we offer you, it must be correct, complete, and up to date. We will always comply with all relevant regulations in dealing with your information and keep it secure and confidential at all times. Your information shall be kept confidential; however, we shall disclose it to certain third parties as required and other insurers for the specific purpose of insurance and to reduce and prevent any form of fraudulent activity. Should you decide to cancel this insurance contract you further consent to GENRIC, in retaining the information in line with the legally permitted retention period, for statistical and reporting purposes only. Should you decide not to accept the proposal, the information collected, will be de-identified and only used for statistical and research purposes. I hereby voluntary consent to GENRIC processing my Personal Information. I understand the purposes for which my Personal Information is required and for which it will be used. I give GENRIC permission to process my Personal Information as provided above. Our Privacy Notice and POPIA Policy provides the details of how we deal with the personal information of our clients, and it is available on our website at the following address: https://www.genric.co.za.

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Sanlam Health Solutions Reg no 1959/001562/06
Licensed Financial Services and Registered Credit Provider (NCRCP43)
Refer to the Sanlam website for directors and company secretary details.

www.sanlam.co.za