

BANKING AUTHORITY FORM

2010

PERSONAL PARTICULARS

APPLICANT

SURNAME TITLE

FIRST NAMES

DATE OF BIRTH

ID NUMBER

BANK DETAILS

PAYMENT MODE MONTHLY ANNUAL

ACCOUNT HOLDERS NAME

ACCOUNT NUMBER (11 Digits only)

BANK

BRANCH NAME BRANCH CODE

CURRENT PREMIUM R NEW GAP COVER PREMIUM

ACCOUNT TYPE CURRENT TRANSMISSION SAVINGS (No Credit Card Account Accepted)

CONTINUATION DATE

Policy Number

Signature of Account Holder

Date

DECLARATION

- Change of Bank Account (if applicable)** I hereby authorise and grant permission to Complimed to amend my banking details in line with the above-mentioned bank or any other bank to which I might change the account, and to deduct the contribution (current and/or arrears) each month due in terms of the contract of insurance between Hollard Group Risk, a division of The Hollard Insurance Company Limited and Hollard Group Risk, a division of Hollard Life Assurance Company and myself (including any amendments that may be made during the terms of membership)
- Collection of arrear premiums (if applicable)** I hereby grant permission for Complimed to arrange with the above mentioned bank or any other bank to which I might change the account, to deduct the arrear contribution due in terms of the contract of insurance between Hollard Group Risk, a division of The Hollard Insurance Company Limited and Hollard Group Risk, a division of Hollard Life Assurance Company and myself (including any amendments that may be made during the terms of membership)
- Reinstatement fee (if applicable)** I hereby grant permission for Complimed to arrange with the above mentioned bank or any other bank to which I might change the account, to deduct the reinstatement fee in terms of the agreement between Complimed and myself (including any amendments that may be made during the terms of membership)

Signature of Applicant

Please return to:
Complimed
Tel: 0861 114 203
Fax: 0861 114 162
Email: helpdesk@complimed.co.za