

DEBIT ORDER AUTHORITY FORM

A. Authority

Given by / Details of Insured

Trading name in full _____
VAT number _____
Postal address _____
Physical address _____

Debit order details of Insured

Name of Account holder _____
Bank _____
Branch and Code _____
Account Number _____
Amount _____
Type of account Current (cheque) / Savings / Transmission (delete that which is not applicable)
Debit Date 1st 7th 15th

To

Beyonda Group (Pty) Ltd
Abbreviated Name as Registered with Bank: Beyonda
Unit 5, 8 Osborne Lane, Bedfordview, 2007

Underlying Insurer

Motor _____
Non-Motor _____

Inception date

This signed Authority and Mandate refers to our contract dated _____ (“the Agreement”)

I/We hereby authorise Beyonda Group (Pty) Ltd to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instruction will never exceeds my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 30 ordinary working days, and sent by email, prepaid registered post or delivery to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

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.

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. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

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.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

D. Assignment

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.

Signed at _____ on this _____ day of _____.

Signature as used for operating on the account

Capacity

E. Declaration by Insured

This Agreement Reference number is: _____ ("Policy number" to be inserted)

