



ALTRISK (PTY) LTD is an authorized financial services provider FSP 9869

PO BOX 2944 PINEGOWRIE 2123

TEL + 27 11 329 7000 /FAX + 27 11 326 0123

**DEBIT ORDER AUTHORISATION**

**DETAILS OF LIFE INSURED**

Full Name

Policy No:

**DEBIT ORDER AUTHORISATION**

Kindly complete the section below and fax the form back to Altrisk (PTY) LTD on (011) 326 0123.

Account Holder

Bank Name

Branch Name

Branch Code

Account Number

Account Type

Cheque

Savings

Transmission

Preferred Debit Date:

Premium Amount:

I authorise Hollard Life to draw against this account all amounts due in terms of this application. This authorisation is to remain in force until terminated by Hollard Life or myself.

Signature of Account Holder

Date