

## Debit order form

**Payment instruction** *Specify amount where applicable*

Plan number	Recurring payment	Instalment for debt of recurring payment	Loan debt instalment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Account holder details** *Please supply as much information as possible*

Full names and surname/institution/trust	_____
RSA/NAM Identity number ( <i>compulsory</i> )	_____
Passport number	_____
Registration number of institution/trust	_____
Type of institution *	_____
Title _____ Language _____ Country of issue _____	_____
Physical address	_____
Postal address	_____
Telephone number (h) _____ (w) _____ (c) _____	_____
e mail address	_____
What other party has signing rights?	_____

\* *Company/Closed Corporation/Trust/Deceased Estate/Partnership/Other Legal Person*

**Bank details**

Name of bank _____	Name of branch _____
Account number _____	Six digit bank code _____
Type of account            Cheque <input type="checkbox"/> Saving <input type="checkbox"/> Transmission <input type="checkbox"/> Other ( <i>specify</i> ) _____	

**Deductions**

Date of first deduction ( <i>dd/mm/ccyy</i> ) _____
Any payments in arrears must be collected additionally with the first deduction. <span style="float: right;">           Yes <input type="checkbox"/>    No <input type="checkbox"/> </span>

**Declaration**

I, the undersigned, request Sanlam Life Insurance Limited to arrange with my bank and Multi-Data (Pty.) Ltd. to collect, by means of the debit order system, the payments in terms of the stipulations of the contract, payments in arrears and debt instalments (as they may be amended from time to time/where applicable/where so requested) of the above-mentioned plan against my account.		
_____ <b>Signature of payer</b>	_____ <b>Date</b> ( <i>dd/mm/ccyy</i> )	_____ <b>Stamp of institution</b>
<i>(Institution : Signature and stamp of institution is required)</i>		