ambledown
FINANCIAL SERVICES (PTY) LTD
Ambledown is an Authorised Financial Services Provider, No. 10287

CONSTANTIA
Insurance made personal
Constantia Insurance Company Limited, an authorised FSP 31111

# GAP COVER SERIES EMPLOYER GROUP CHANGE OF BANK ACCOUNT DETAILS

Underwritten by Constantia Insurance Company Limited (CICL), Reg. No. 1952/001514/06, FSP No: 31111 (The Insurer)

- **THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME.**
- **THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP.**
- **THE MASTER POLICY ISSUED IS THE SOURCE OF ALL BENEFITS, RIGHTS, AND OBLIGATIONS AND EXCLUSIONS. TO DETERMINE YOUR INDIVIDUAL NEEDS, WE SUGGEST THAT YOU CONTACT YOUR BROKER AND REQUEST ADVICE FROM HIM / HER.**

## BROKER DETAILS

| | | | |
|---|---|---|---|
| BROKER / CONSULTANT NAME | | | |
| NAME OF BROKERAGE | | | |
| FSP NUMBER | | BROKER CODE | |
| BROKER CONTACT NUMBER | AREA CODE | VAT NUMBER | |
| BROKER E-MAIL ADDRESS | | UNIQUE IDENTIFIER (IF NECESSARY) | |

## EMPLOYER GROUP DETAILS

| | | | |
|---|---|---|---|
| COMPANY NAME | | | |
| REGISTRATION NUMBER | | VAT NUMBER | |
| POLICY NUMBER | | | |
| CONTACT PERSON | | | |
| CONTACT NUMBER | AREA CODE | EMAIL | |
| MOBILE NUMBER | AREA CODE | | |

## PREMIUM PAYMENT

### DEBIT ORDER DETAILS

| | | | |
|---|---|---|---|
| ACCOUNT HOLDERS NAME | | BANK / BUILDING SOCIETY | |
| ACCOUNT NUMBER | | BRANCH | |
| BRANCH CODE | | ACCOUNT TYPE | ☐ CURRENT |
| | | | ☐ TRANSMISSION |
| | | | ☐ SAVINGS |

PLEASE SELECT PREFERRED DEBIT ORDER COLLECTION DATE

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st | ☐ | 7th | ☐ | 15th | ☐ | 20th | ☐ | 25th | ☐ | 28th | ☐ | LAST DAY OF THE MONTH | ☐ |

I, the undersigned, hereby request and authorise the Insurer or it's representative to deduct the premium payable under the above plan against my bank account or institution (or any other bank or institution or branch where my account is kept or transferred to) on the preferred debit order collection date.
Should the collection date selected fall on a weekend or public holiday, I understand that a debit will be processed against my account on the first working day following the weekend or public holiday.
I further declare that:

- I authorise my bank or institution (as stated) to debit my account with all debits which may be presented by the company as if I personally signed for each one.
- I also understand that the details of each debit order will be printed on my bank statement as a separate line as proof thereof.
- I declare that all bank costs related to this debit order system and approval, will be for my own account.
- I understand and accept that I or the company can change this arrangement at any time in writing (by giving the other party 30 days' notice) or cancel this arrangement, given that it won't have any effect on the deductions of the company which was already agreed and authorised herein.
- I understand and accept that all payments in terms of this agreement will be made without any prejudice.
- I understand and accept that if any payment in terms of this agreement is not received, the relevant policy/ies will be cancelled effective from the last day of the uninterrupted period for which payment(s) were received.
- I accept that this request and authorisation will be applicable for all amounts payable from inception and monthly thereafter.
- I acknowledge that I need to ensure that premiums are collected for cover to remain in force.

SIGNATURE OF AUTHORISED ACCOUNT SIGNATORY

DATE D D M M Y Y Y Y

Please return to your broker or alternatively: Ambledown Financial Services (Pty) Ltd
PO Box 1862, Cramerview, 2060
Tel Number 0861 262533, Fax Number 011 463 1600
E-mail Address: premium@ambledown.co.za

Broker Details: [Brokerage Company Name],
FSP number: [xxxxxxxxxxx]
[Telephone number], [Mobile number], [Website address]