



The only thatch insurance specialists

Cape Town Office : Tel +27(0) 86 110 5799 / Fax +27(0) 86 5000 888

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### Debit Order Authority

#### BROKER DETAILS

Broker Name ..... Thatch Broker Number .....

#### DETAILS OF THE INSURED

Title ..... Initials ..... Surname .....

Occupation ..... Identity Number .....

Existing Policy Number : ..... VAT Number .....

If policy to be issued in the name of a Company: ..... Company Name .....

Registration Number .....

VAT Number .....

Postal Address .....

Code .....

Inception date of Cover: ..... Renewal date of Cover: .....

#### PAYMENT AUTHORITY

**To be completed where a monthly premium facility is required.**

Account Type Current Account  Transmission Account  Savings

Name of Bank ..... Branch .....

Account Name .....

Account Number ..... Branch Code .....

I hereby authorise Thatch Risk Acceptances (Pty) Ltd to draw against my account (or any other institution or branch to which I may transfer my account) the premiums and collection fees for this insurance and I agree to my bank debiting my account with the amount drawn against it by the company in terms of this order. This authorisation will remain in force until cancelled by me in writing.

Account holder's signature ..... Date .....