



## DEBIT ORDER AUTHORITY

212 Bram Fischer Drive  
Kensington B Randburg 2196  
Tel: 010 447-9800  
info@hrsinsurance.co.za

Policy Holder's Surname, Initials & Title:	
Name of Account Holder:	
Bank Name:	
Branch Name:	
Branch Code:	
Account Number:	
Account Type:	
Deduction Date:	
Deduction Amount:	

I/We authorise HOLISTIC RISK SERVICES (PTY) LTD to utilise the services of SMARTSURE TWENTY 20 ADMINISTRATORS (PTY) LTD and/or their collection agents, to draw against my/our account (or any other Bank to which I may transfer my account) when due, the premium(s) for the policy(is) issued as agreed and/or any substituted policy(is) to which I/we extend this authority.

I/We further authorise the Company to deduct such premium relating to the specific cover for **LABOUR COST INSURANCE** which has been arranged for RMI members and the cover placed with ITOO SPECIAL RISKS (PTY) LTD under the licence of THE HOLLARD INSURANCE CO LTD.

I/We understand and agree that if any premium(s) is/are not met by the financial institution referred to above when the debit order is presented, the policy(is) may be cancelled automatically by HOLISTIC RISK SERVICES (PTY) LTD from the end of the period of insurance for which premium has been paid.

This authority remains in force until cancelled in writing by me/us or the Company.

I further authorise HOLISTIC RISK SERVICES (PTY) LTD to utilise the services of SMARTSURE TWENTY 20 ADMINISTRATORS (PTY) LTD and/or their collection agents to deposit directly into the above account any amount which may be due to me/us either in respect of any refund premiums or in settlement of any claim.

I/We understand that the withdrawals from the above account will be processed through a computer system and that the details of each withdrawal will be printed on my bank statement.

Inception date of the policy from \_\_\_\_\_ of \_\_\_\_\_ 2021

Signature of Insured :

Date :