

Debit Order Authorisation

Email it to admin@oums.co.za

Inception Date : _____

| Customer Details | | | |
|---|---|--|--|
| Title | | Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> | |
| Name and Surname | | | |
| Identification number | | | |
| VAT registration no. | | | |
| Debit order details | | | |
| I hereby authorize Origen Underwriting Managers Registration Number 2009/014423/07 to debit my following bank account | | | |
| Name of Bank | | Account number | |
| Account name | | Branch code | |
| Branch name / Town | | Account Type | Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> |
| Identification Number of Bank Account Holder | | | |
| <p>This authorisation allows Origen Underwriting Managers to use various types of debit orders . A copy of Confirmation Of Account must be returned to Origen Underwriting Managers together with this Debit Order Authorisation. In addition, if the debit order account holder is a third party:- A copy of the third party's identity document must be attached OR if the third party is a juristic entity, a signed copy of the applicable registration document as well as an original juristic resolution, authorising a designated signatory to enter into a debit order agreement must be attached.</p> | | | |
| Debit Order Amount | R | | |
| Amount in words | | | |
| Transaction Description on Bank Statement (Reference on Insured's Bank Statement) | | OUMS + POLICY NUMBER | |
| Debit Oder Date : 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 15 th <input type="checkbox"/> | | | |
| Terms and Conditions | | | |
| <ul style="list-style-type: none"> The undersigned authorise the financial institution at which the debit order account is held to debit the debit order account with the amounts drawn by Origen Underwriting Managers. If the Debit Order Date falls on a non-processing day (like Saturday, Sunday or official public holiday), the undersigned party agree that Origen Underwriting Managers may process the payment on the preceding business day. If this is a third party debit order and the third party debit order is cancelled, it is the obligation of the Policy holder to implement the required debit order for the full and continuous fulfilment of Payments of his/her/their Insurance Premiums. | | | |
| _____ Signature of The Policy Holder | | _____ Signature of the Debit Order Account Holder | |
| _____ Date | | | |

| Company, Close Corporation, Trust or Association (if applicable) | | | |
|--|----------|------|-----------|
| If this facility is in the name of a Company, Close Corporation, Trust or Association the full names of such entity and the capacity of the signatory must be reflected. | | | |
| Name of Company, Close Corporation, Trust or Association | | | |
| Full Name/Surname in BLOCK letters | Capacity | Date | Signature |