



Debit Order Form

A. INSURED DETAILS

Name of Insured

VAT Number

Physical Address

Postal Address

B. BANK DETAILS

Account Holder

Name of Bank

Branch

Branch Number

Type of Account

Account Number

Amount

Strike Date 1st

5th

7th

10th

15th

To (name of beneficiary): **Firedart Engineering Underwriting Managers (Pty) Ltd**

Abbreviated Name as Registered with the Bank: **Firedart**

Beneficiary's Address: Block B, Investment Place Office Park 111 10th Rd, Hyde Park, Johannesburg, 2196

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement.

Commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement.

You need to submit the following document:

- » Stamped letter from you bank, not older than three months confirming the account holder's legal name; account number; account type and branch code.

B.1. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

B.2. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

B.3. Assignment

I/WE acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Please attach a cancelled, blank or used cheque, or bank letter) to Firedart whilst acting as an Agent for the Compass Insurance Company Limited is authorised to draw payment in terms of the cover chosen until cancelled in writing by either party.

C. POPI CONSENT AND DEBIT ORDER DATE

Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

This request covers payments of accounts due under policies, which may be added to or deleted from time to time at my request.

Signed at _____ on this _____ day of _____ 20____

Date _____ Name of Account _____

Agreement Reference No.: Firedart [POLICYNo]

Signature of Account Holder _____
