



# DEBIT ORDER FORM

Please complete and forward to:  
Email: [membership@petsure.co.za](mailto:membership@petsure.co.za)  
Fax: 086 661 0990

## CLIENT DETAILS

<b>SURNAME*</b> : MR/MRS/MS/MISS/PROF/DR <small>*(SURNAME OF THE POLICY HOLDER)</small>	<b>INITIALS:</b>	<b>CONTACT NO:</b>
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## PREMIUM DETAILS

No of Insured Pets:                      Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_

Total Monthly Premium incl. VAT: R \_\_\_\_\_

## PLEASE SUPPLY BANK DETAILS

MONTHLY DEBIT ORDERS                       CLAIMS REFUNDS ONLY \*\*

Premiums are payable on a monthly basis by debit order only, unless otherwise stated. If two or more debit orders are returned **Hollard** will not be held liable should the policy be automatically terminated, or should claims incurred during this period of suspension not be paid.

- NEW POLICY                       - AMENDING BANK DETAILS (Existing Client)                      POLICY No: \_\_\_\_\_

Tick Appropriate Bank Account:

- NEDBANK     - STANDARD     - FNB     - ABSA     - INVESTEC     - OTHER

Other Bank used (if not mentioned above) \_\_\_\_\_

Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Branch: \_\_\_\_\_

Bank Branch Code: \_\_\_\_\_

Acc Type (Chq/Trsm/Savings): \_\_\_\_\_

Month of 1<sup>st</sup> Debit Order: \_\_\_\_\_

Month policy to start: \_\_\_\_\_

Policies start on the 1st of each month and there is a one calendar month waiting period from the start date of your policy for Accidental Injury Cover and Illness Cover during which time you cannot claim.

Debit Order Date preferred:    26<sup>th</sup> (for the next month)  / 1<sup>st</sup>  / 4<sup>th</sup>

*I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen (VAT inclusive). I may cancel this Debit Authorisation by giving ONE CALENDAR MONTH'S written notice.*

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT CARD DETAILS

**\*\* IF YOU CHOOSE THIS OPTION FOR DEBIT ORDERS, PLEASE SUPPLY ALTERNATIVE BANK ACCOUNT DETAILS FOR CLAIMS PURPOSES ONLY AS CLAIM REFUNDS WILL NOT BE PROCESSED TO CREDIT CARDS.**

Please Debit my:     - Visa     - MasterCard     - Amex     - Diners

Card Number:                        

Expiry Date:           CVV:   

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_



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