

Request to Change Bank Details / Debit Order

Call Centre: 086 155 3553 Fax: 086 607 1083 E-Mail: office@curaadmin.net

| 1. Principal D | Details: | | | | |
|---|-----------------|----------------------|-----------|-------------|--------|
| Policy Number | | Surname | | | |
| First Name | | ID Number | | | |
| Cell | | | | | |
| E-mail Address | | | | | |
| Postal Address | | | | | |
| | | | Code | | |
| , the undersigned, here and all future deduction 2. Bank Deta | | | e date | 15th of a m | onth). |
| Account Holder's Name | | | | | |
| Bank Name | | Branch Name | | | |
| Account Number | | Branch Code | | | |
| Account Type | Current Account | Transmission Account | Savings / | Account | |
| Account Holder Signature | | Date | | | |
| Client Signature | | Date | | | |

No deductions will be allowed from a credit card account.

Please Attach:

A copy of the Premium Payer's ID document; Proof of bank details (Top section of bank statement / Cancelled cheque / Letter from bank) Company Deductions - Letter on company letterhead confirming deduction can be made