



Debit order form
Attention: Membership Department
Tel: 011 481 1910 / 0860 738 787
Fax: 086 661 0990

Client Details

Surname: _____	Initials: _____	Contact phone number: _____
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PREMIUM DETAILS

No of insured pets: **Dogs:** _____ **Cats:** _____

Tick one of the Stand Alone Policies required: **Plan 100;** **or** **Plan 80;** **or** **Accidental Injury Cover**

Add on Policy (*Routine Care Cover* can be taken as an optional extra in conjunction with either *Plan100* or *Plan80* for an additional premium per month – see the latest Rates & Premiums card) **Routine Care Option** (Tick if required)

Total monthly premium incl. VAT: _____

Note: All insured animals must be permanently, positively identifiable by means of a microchip or an official tattoo scheme, recognised by PetSure. This is essential for claiming

DEBIT ORDER DETAILS

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

Tick appropriate bank account:

- Nedbank - FNB - Standard - ABSA - Perm

Other Bank used (if not mentioned above)/Other means of payment: _____

Account holder: _____ **Account number:** _____

Name of Branch: _____ **Bank Branch Code:** _____

Acc Type (Chq/Trsm/Savings): _____ **Month of 1st Debit Order:** _____

Month policy to start (note: First 30 days excluded for claiming purposes): _____

Debit order date preferred: 26th (for the next month) 1st 4th

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, plus VAT at the ruling rate. I may cancel this Debit Authorisation by giving 30 days' written notice.

Signature: _____ **Date:** _____

CREDIT CARD DETAILS

IF YOU CHOOSE THIS OPTION FOR DEBIT ORDERS, PLEASE SUPPLY ALTERNATIVE ACCOUNT DETAILS FOR CLAIMS PAYMENTS

Please Debit my Visa MasterCard

Card number:

Expiry Date: **CVV:**

Cardholders Name: _____ **Card holder's signature:** _____